

Name  
in  
Full

Flora R Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1905

Month

July

Day

19

Years

28

Months

4

Days

m. d.

Sex

Female

Color or  
Race

colored

Birth-  
place

Occupation

Flora wife

Where Residing If not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Flora Adams

Father's  
Birthplace

Md

Father's  
Name

Flora R Adams

Mother's  
Maiden Name

Margret Queen

Mother's  
Birthplace

Md

Name of person giving  
Information

J H Hoover

How related  
to deceased

Friend

CAUSES OF DEATH

Primary

Acute Choriya

How long

A few weeks

Immediate

Chronic Bronchitis

How long

1 month

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

V L Party

Address

Hyattsville  
Prince George's Co

Accident or Suicide?

George Hooper

Horace Addis Jr.

Town Rose Croft - Prince Geo Co.

MARYLAND

Died at

Date 1885 July 29

Month

Day

County

Y.

M.

D.

Native of

Occupation

Male

White

Age

4.25

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Lorenzo D Addis

Mother's Name

Nida W. Addis

Cause of

Primary

Cholera Infantum

How long sick

3 days.

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

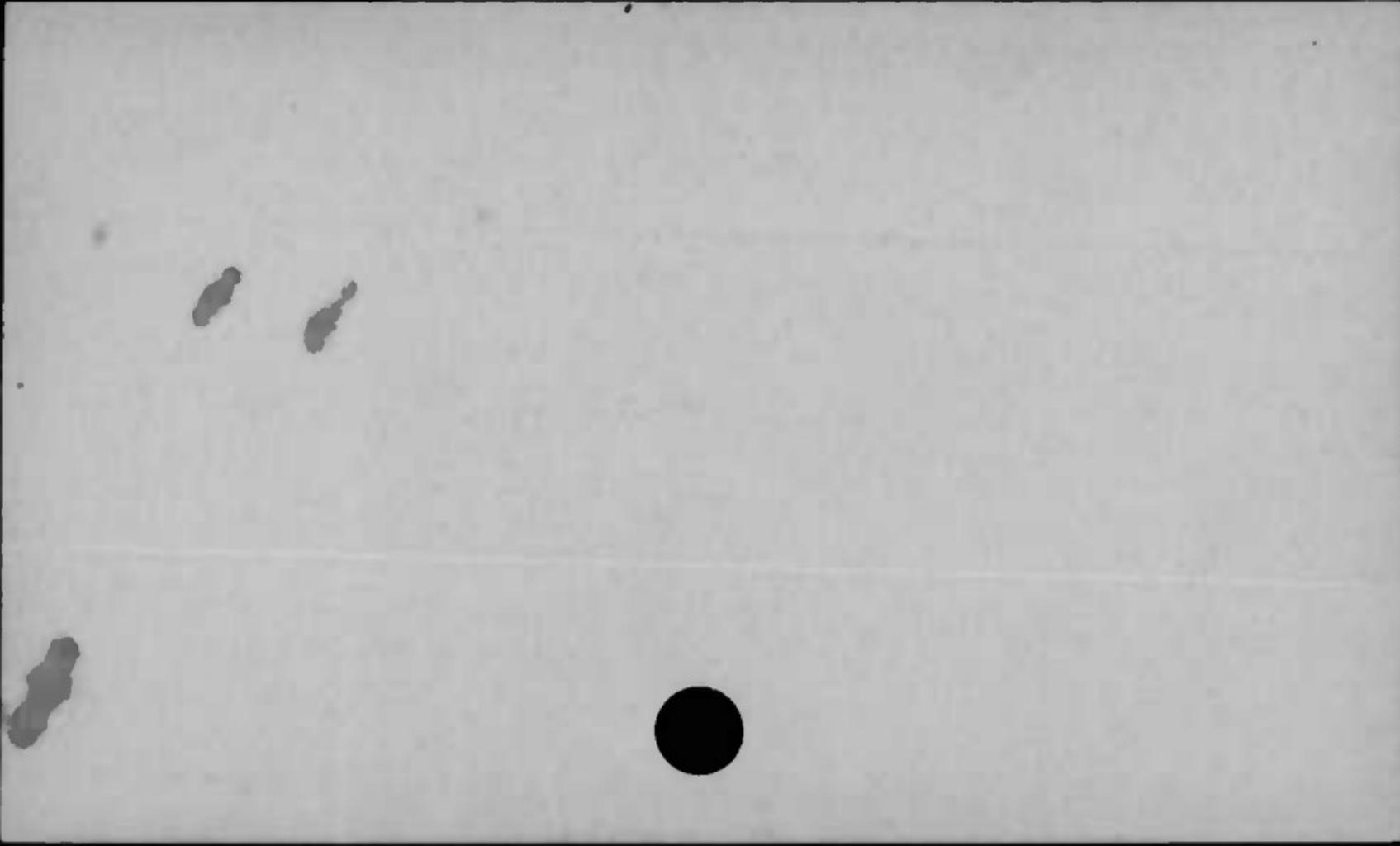
Jos M. Parker M.D.

Address

Congress

Heights / D.L.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

June Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Leeland</u>		County <u>P.-G.</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>7</u>	Day <u>17</u>	Age <u>—</u>	Years	Months <u>4</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>P.-G. Co.</u>			
Occupation <u>(underline)</u>	Where Residing if not at place of death <u>(underline)</u>				
Married, Single or Widowed <u>(underline)</u>	Name of Wife or Husband <u>(underline)</u>				
Father's Name <u>James Allen</u>				Father's Birthplace <u>P.-G. Co</u>	
Mother's Maiden Name <u>June Cooke</u>				Mother's Birthplace <u>P.-G. Co</u>	
Name of person giving information <u>Alfred Watson</u>				How related to deceased <u>In Relation</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't know

19

How long

Immediate

How long

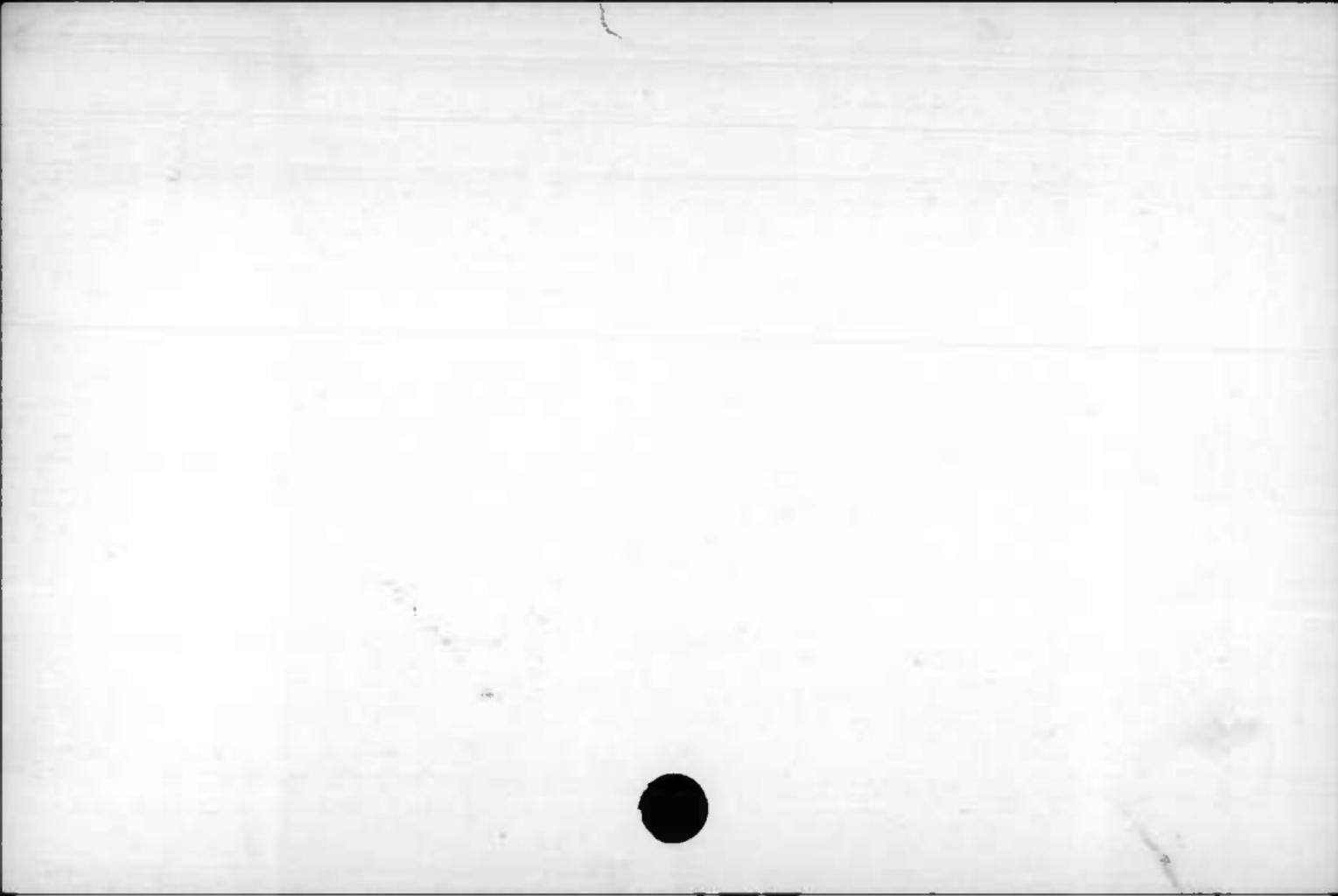
Is name, age, sex, color, date  
correctly given above?

Signature of  
Physician

Address

Alfred X Watson  
his wife  
Leeland, Ind

Accident or Suicide?



Name  
in  
Full

Gladys Irene Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oak Grove	P. G.			
Date of death	Month	Day	Years	Months	Days
1905	7	17	—		15
Sex	Female	Color or Race	Black	Birth-place	P. G. Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed					
Father's Name	Name of Wife or Husband				
Charles Allen					
Mother's Maiden Name	Father's Birthplace				
Mary Jackson	P. G. Co				
Name of person giving information	Mother's Birthplace				
Charles Allen	P. G. Co				
How related to deceased					
Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't Know

How long



Immediate

How long

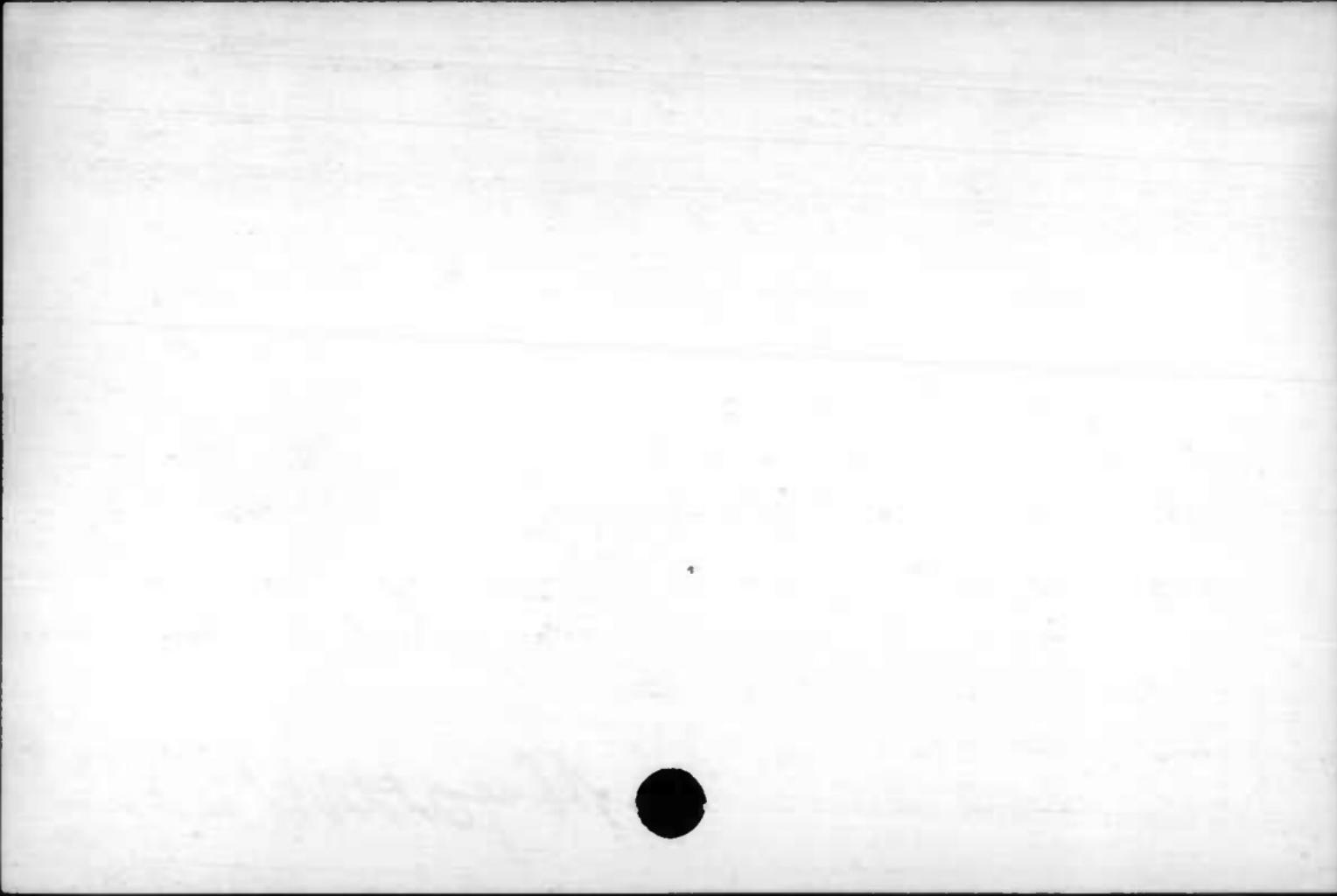
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles X Allen, Father  
mark  
Leeland, died.

Accident or Suicide?



Name  
in  
Full

Eloha Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Age	Months	Days
Sex	Female	Color or Race	White	Birth-place	Hyattsville	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Albert Anderson					
Mother's Maiden Name	Mary Moffat					
Name of person giving information	R. F. Anderson					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature  
Physician

Address

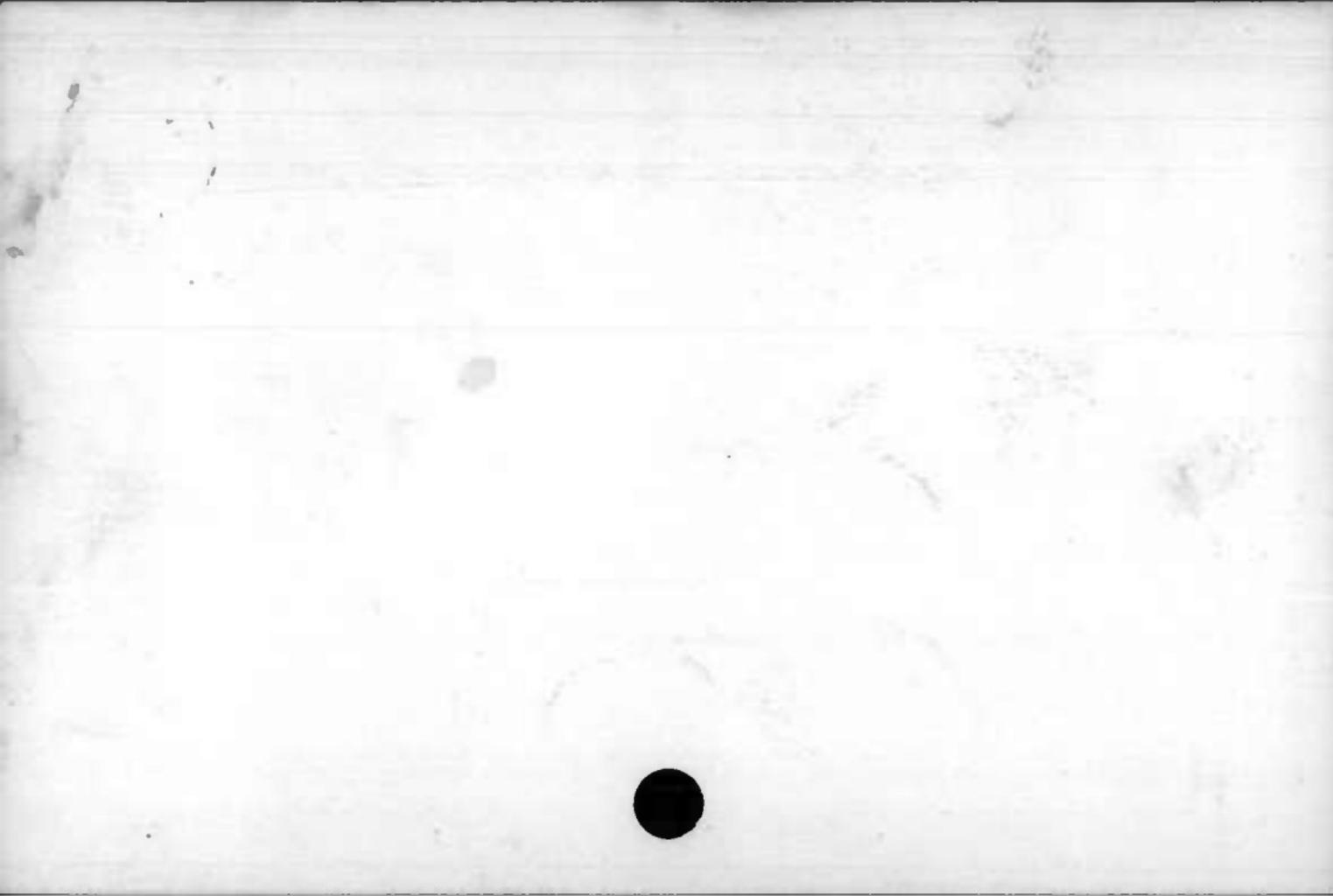
Accident or Suicide?

Holding

Hanging

Drowned  
asthma

6 weeks  
Gabriel Richardson  
Hyattsville Md.



Name  
in  
Full

Hettie Ashen

CERTIFICATE OF DEATH

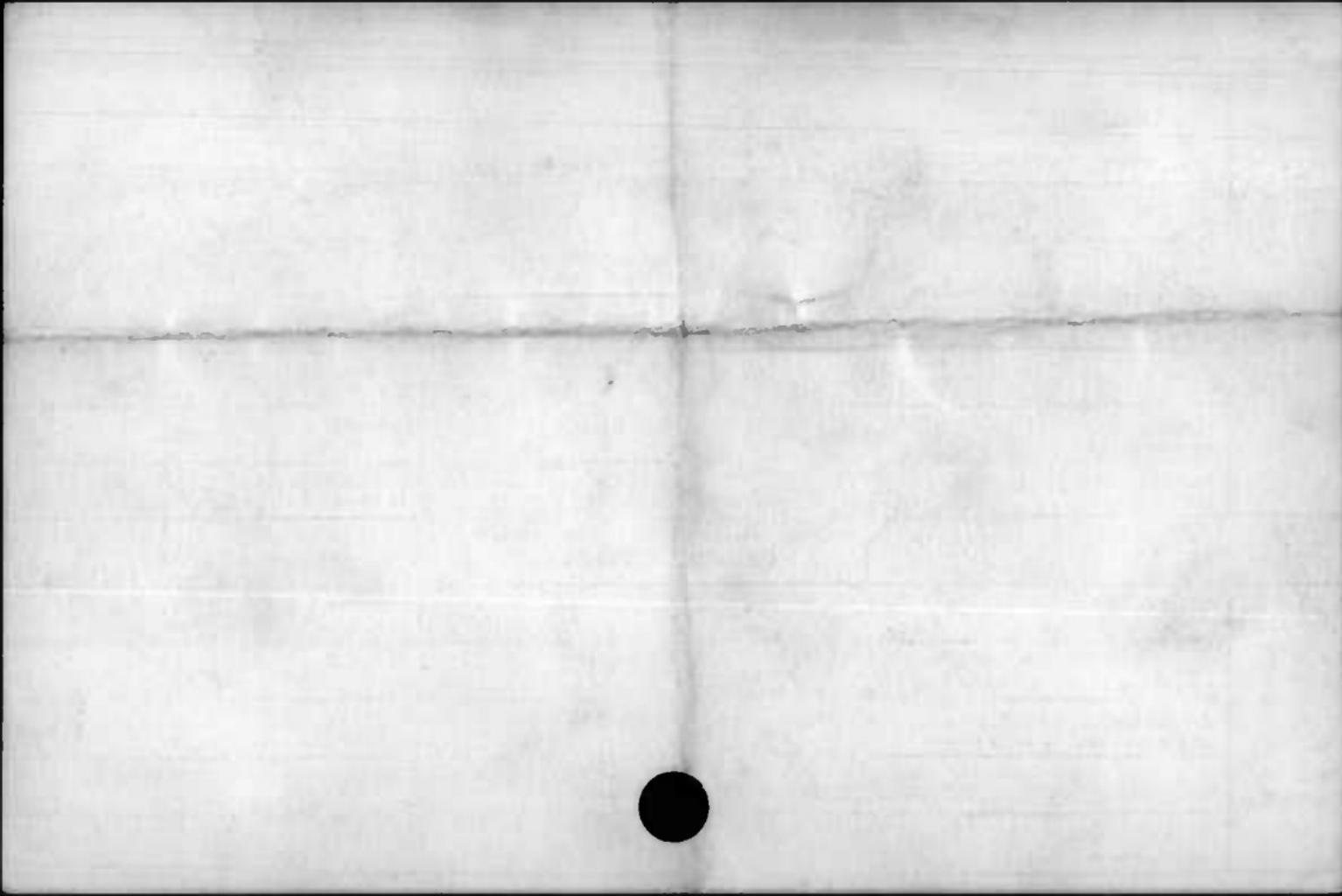
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hospital Heights</u>		Town	<u>P. George</u>	County	MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>D. C.</u>				
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Robert H. Ashen</u>						Father's Birthplace <u>D. C.</u>
Mother's Maiden Name <u>Lottie Passino</u>						Mother's Birthplace <u>D. C.</u>
Name of person giving information <u>Robert H. Ashen</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Scholyn Infantum 05</u>	How long <u>4 days</u>
Immediate	<u>Exhaustion</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>L. J. Savage</u>
		Address <u>Berwyn, D.C.</u>
Accident or Suicide?		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Celestine J. Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at	Laurel	Town	Prince George	County		
Date of death	1905	Month	July	Day	Years	Months
Sex	Female	Color or Race	White	Age	55	Days
Occupation	House Wife	Where Residing if not at place of death			Laurel	
Married, Single or Widowed	Yrs	Name of Wife or Husband	H. J. Baldwin			
Father's Name	August Pallez			Father's Birthplace	France	
Mother's Maiden Name	Susan Mason			Mother's Birthplace	England	
Name of person giving information	H. J. Baldwin			How related to deceased	Husband	

CAUSES OF DEATH

Primary

Cerebral Congestion

How long

3 days.

Immediate

Paralysis

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

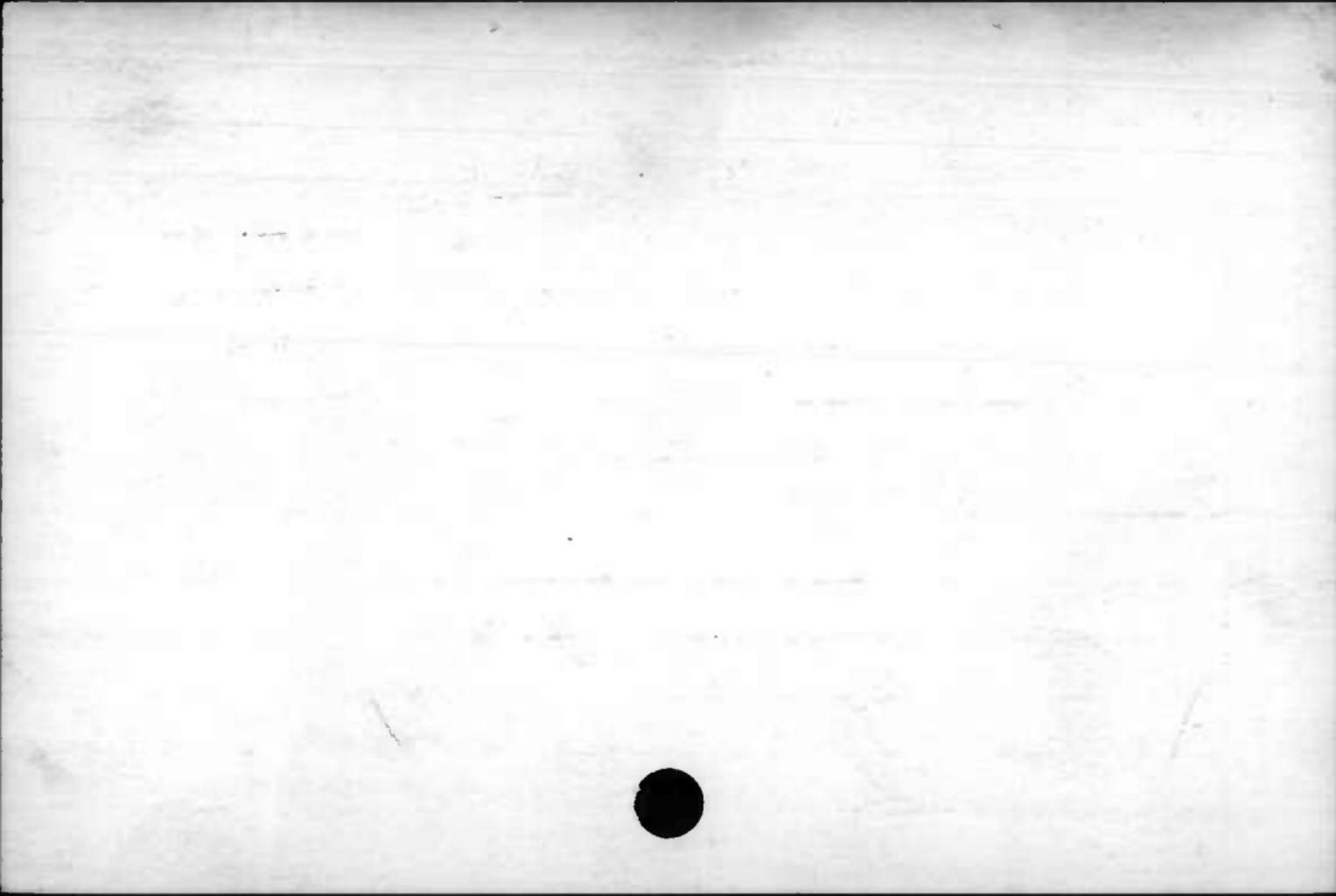
Yes.

Address

JR Hanx SNT.

Laurel  
Md

Accident or Suicide?



Name  
in  
Full

Sarah E. Beal

CERTIFICATE OF DEATH

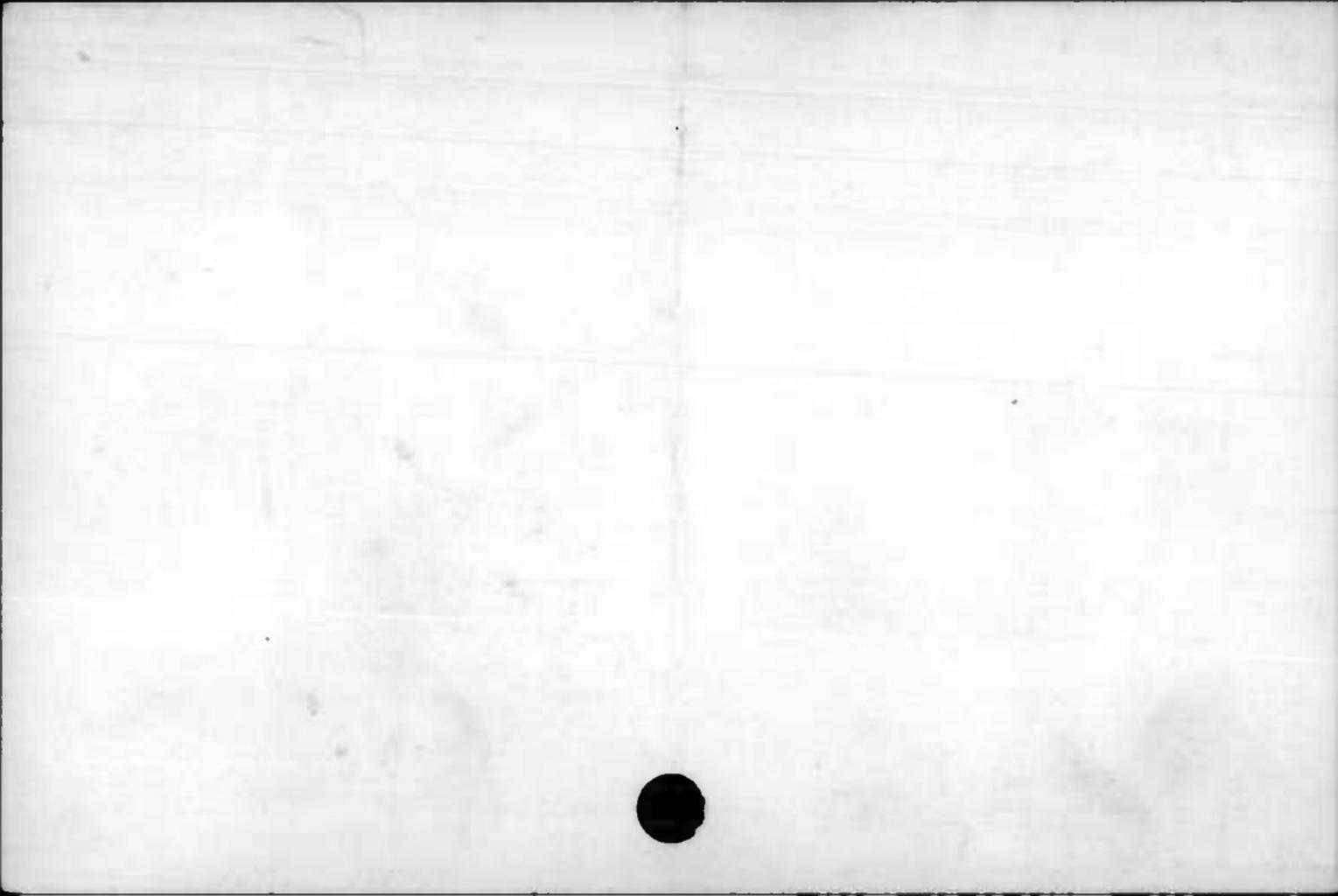
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth-place	MacLboro	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Benjamin Beal				
Mother's Maiden Name	Elizance Parker				
Name of person giving information	Benjamin Beal				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chorn Infarctus 105		How long
Immediate			2 weeks
Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	Reverend Isaac
		Address	Upper Marlboro
Accident or Suicide?	2d		



Name  
in  
Full

Elizabeth Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Upper Marlboro Town O-G. County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	7	14		5	00
Sex	Color or Race	Age	Birthplace		
Female	Black				

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Willie Bell

Father's  
Birthplace

O-G-B.

Mother's  
Maiden Name

Bertha Hood

Mother's  
Birthplace

O-G-B.

Name of person giving  
Information

Freeman Hood

How related  
to deceased

Grandfather

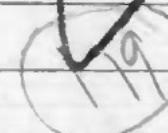
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't know

How long



Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Freeman X Hood Grandfather  
Upper Marlboro Md

Address

Accident or Suicide?



Name in Full

Certificate of Death

Maria J. Bosie

Town

County

Died at

Date 1907

Month

Day

Y.

M.

D.

Native of

MARYLAND

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's  
Name

Cause of

Primary

Diarrhoea

How long sick

one week

Death

Immediate

at baptism

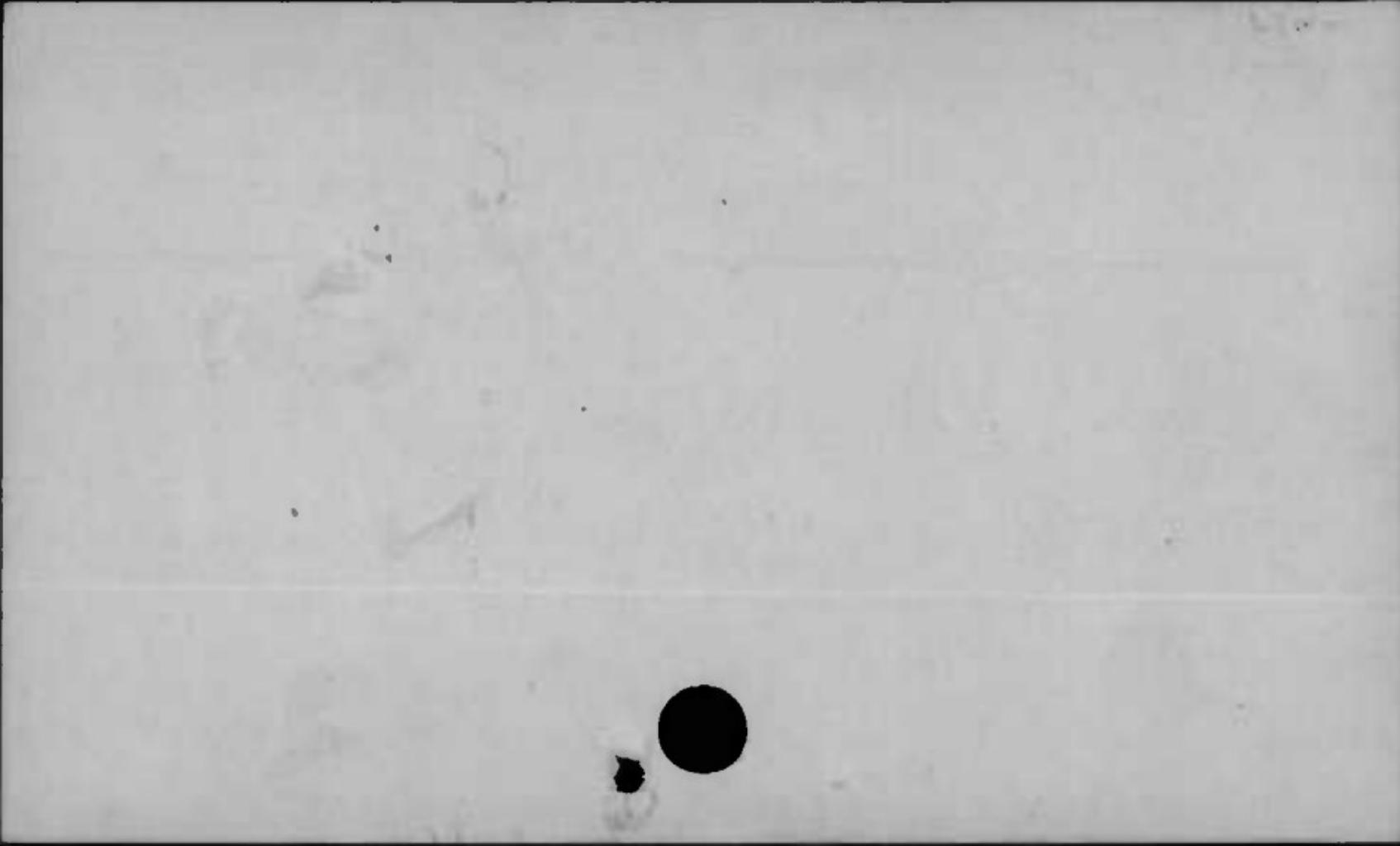
Accident, Suicide, Homicide

Reported

Address

Oakland Avenue,  
Hyattsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

James Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Brooks				
Mother's Maiden Name	Carrie Williams				
Name of person giving information	Michael Williams				
CAUSES OF DEATH					
Primary	Pulmonary tuberculosis			How long	
Immediate	"	"	"	How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

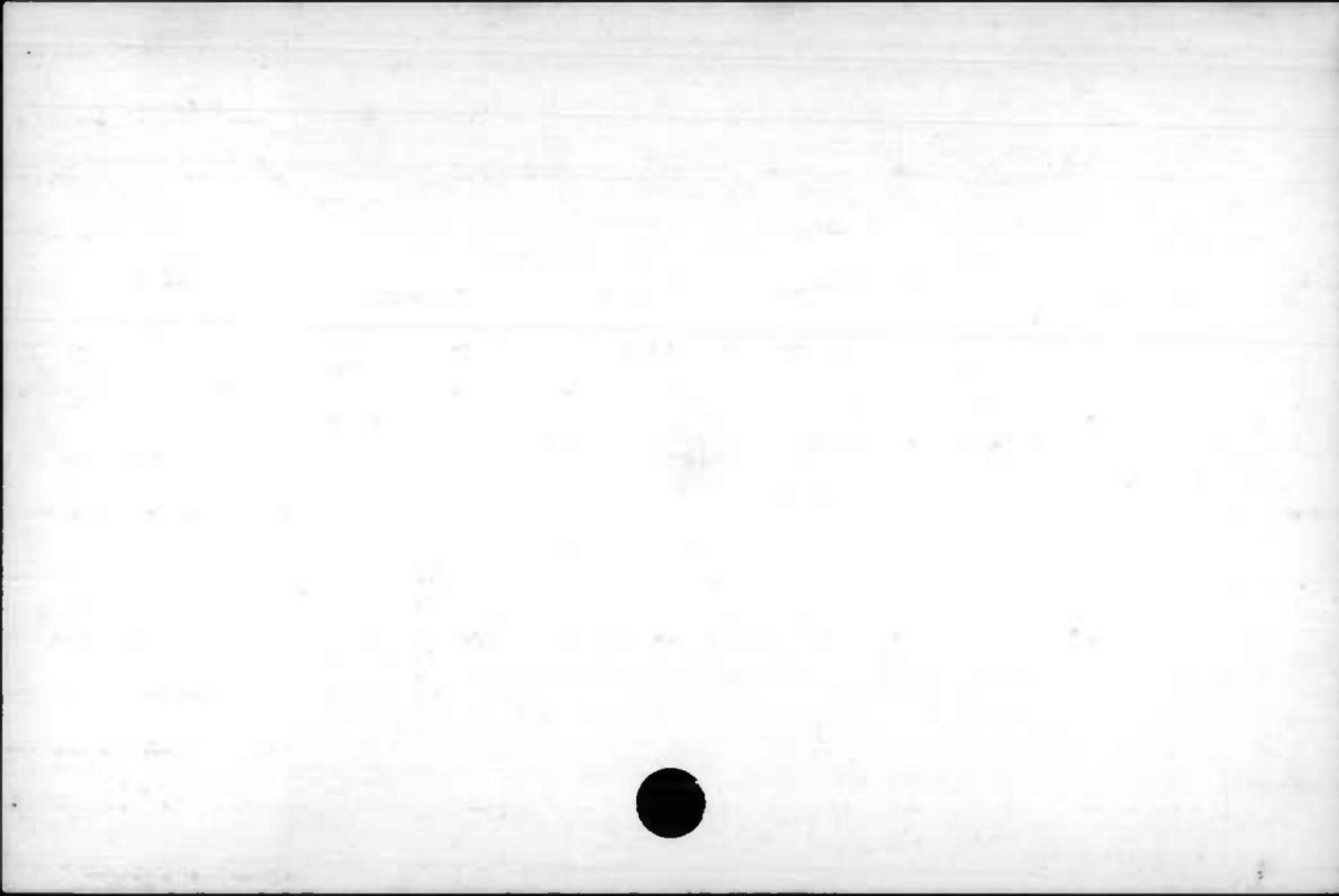
Signature of Physician

Dr. A. R. Walker

Address

Stalls, Md.

Accident or Suicide?



Name  
in  
Full

Upton Brooks

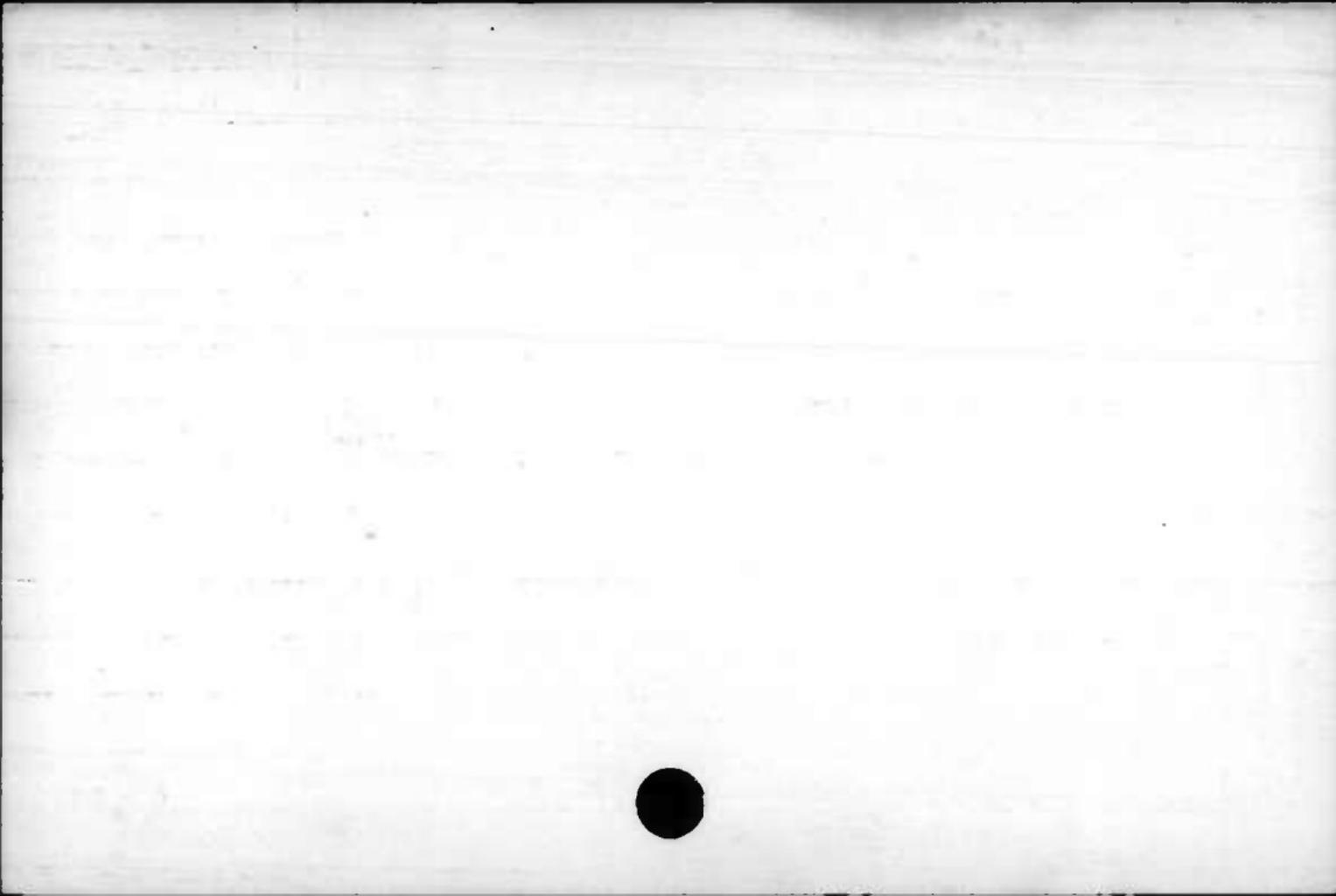
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ada Brooks				
Mother's Maiden Name	matilda Daniels				
Name of person giving Information	Ada Brooks				

CAUSES OF DEATH

Primary	Enteritis		How long	2 weeks
Immediate	mal - nutrition		How long	" "
Are the name,age,sex,color,date and place correctly given above?	yes	Signature of Physician	Dr. A.R. Walker	
		Address	Stalls, Md	
Accident or Suicide?			1	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Lena Butler					CERTIFICATE OF DEATH		
Died at	Town	Month	Day	Age	Years	Months	Days
Date of death 1905	July	5	8				
Sex male	Color or Race	Colored			Birth-place	m.d.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name				Father's Birthplace	m.d.		
Mother's Maiden Name	Lena Butler			Mother's Birthplace	m.d.		
Name of person giving information				How related to deceased	S.		

CAUSES OF DEATH

Primary

How long

Immediate

Still born

S.

How long

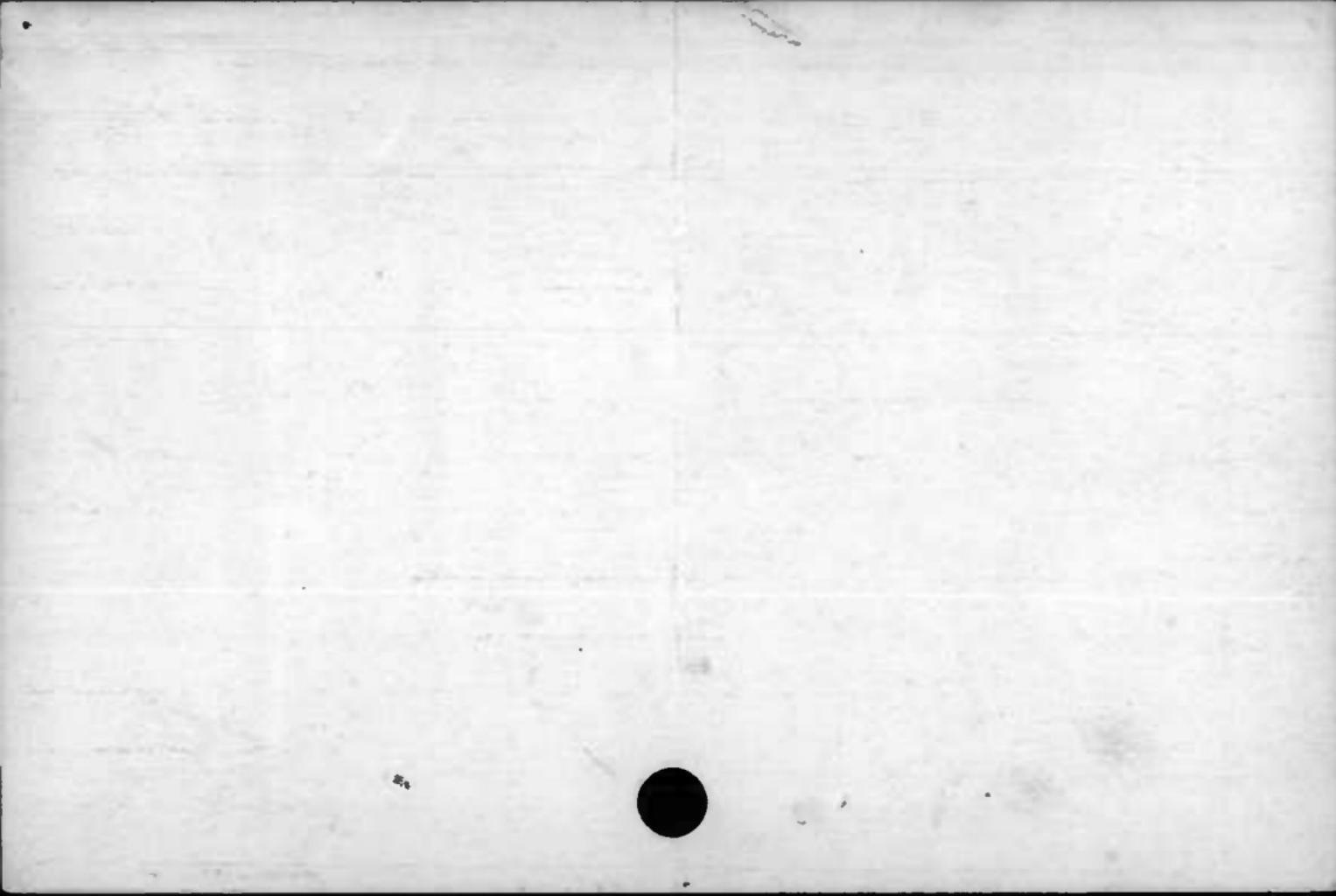
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Augustus H. Dahler, Jr.  
Bladensburg  
Md.



Name  
in  
Full

Francis Carter

CERTIFICATE OF DEATH

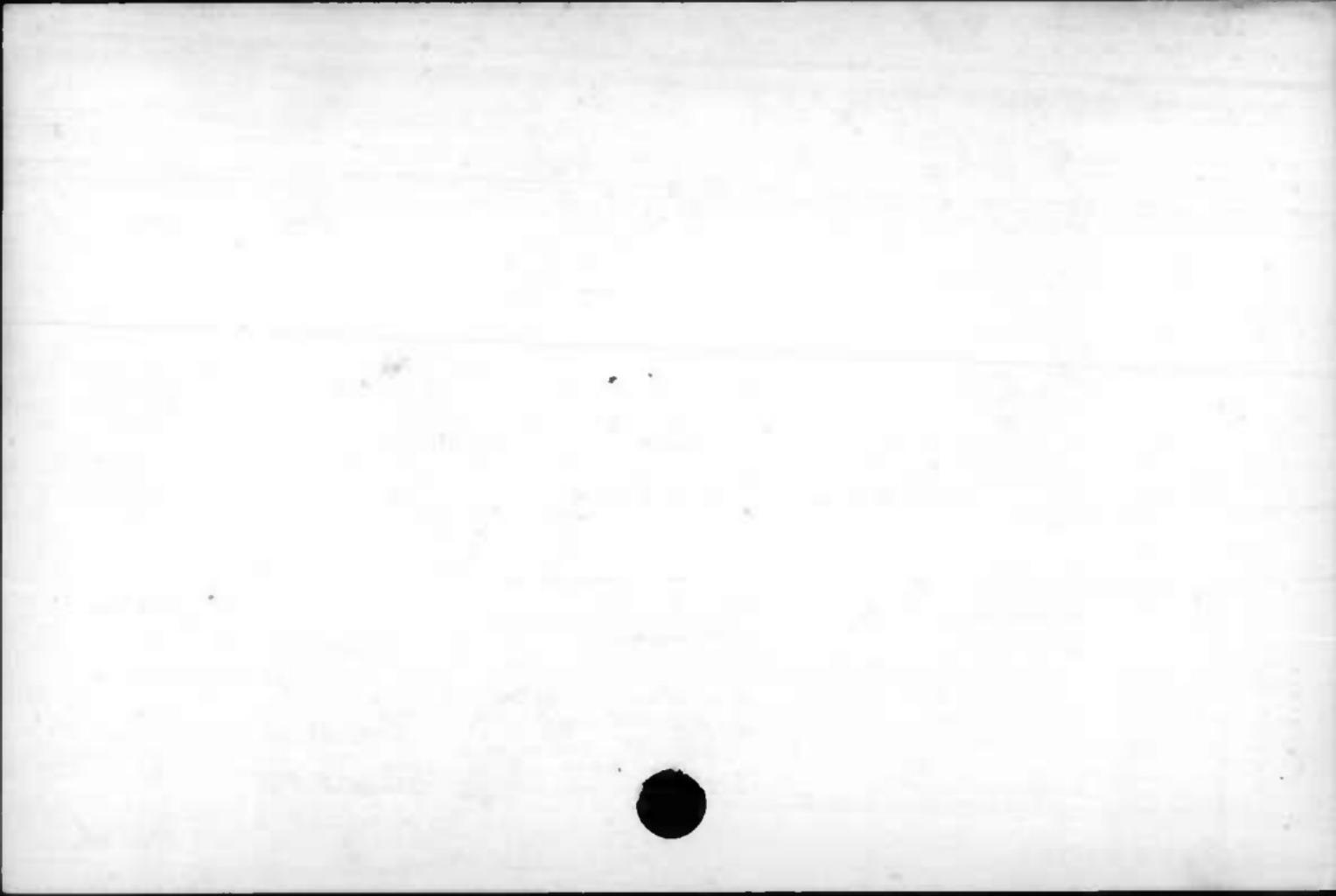
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Baltimore Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Carter				
Mother's Maiden Name	Julia E. Edens				
Name of person giving information	Charles Carter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	X05	How long
Immediate			~ weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	E. J. Scott, M.D. Fincastle, Va. Md.		



Name  
in  
Full

Annie Rebessa Clark

CERTIFICATE OF DEATH

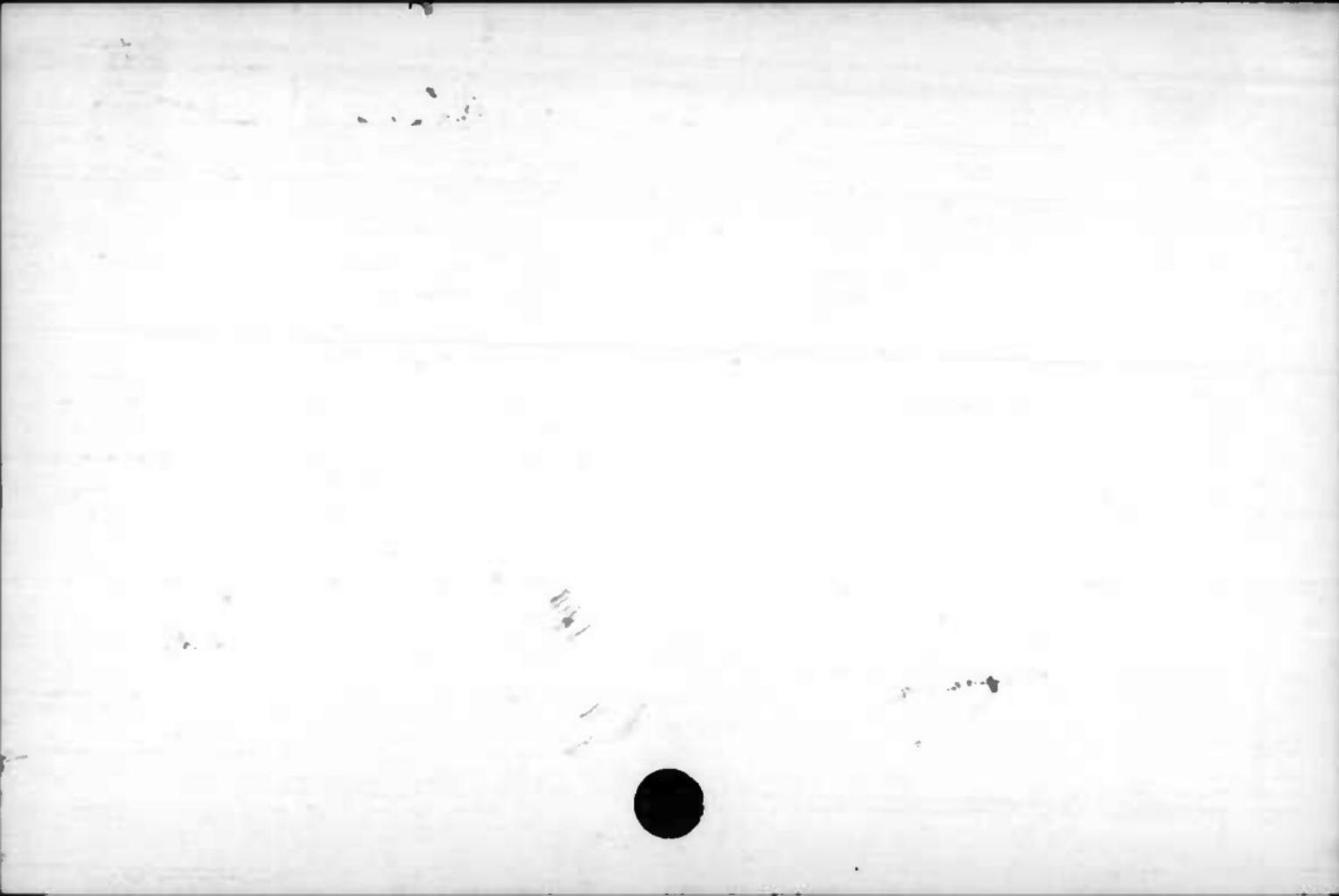
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Gri. Geo.		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Pri. Geo. Co.	
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William Clark		Father's Birthplace	Pri. Geo. Co.		
Mother's Maiden Name	Mary Bell		Mother's Birthplace	" " "		
Name of person giving information	Allen Clark		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease		How long	7 years
Immediate	Dropsy		How long	4 moe.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. R. Walker M.D.	
Yes.		Address	Halls	
Accident or Suicide?		(Permit, etc.)		Ind



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Wildred Louis Cooksey

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1905	Month July	Day 18	Years Age 18
Sex Female	Color or Race White	Occupation Aquasco	Birth-place Aquasco
Married, Single or Widowed Single			
Name of Wife or Husband			
Father's Name James Cooksey	Father's Birthplace Md		
Mother's Maiden Name Nellie J Richards	Mother's Birthplace Md		
Name of person giving information Norval Cooksey	How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

one week

Immediate

Convulsions

How long

one day

Are the name, age, sex, color, date and place correctly given above?

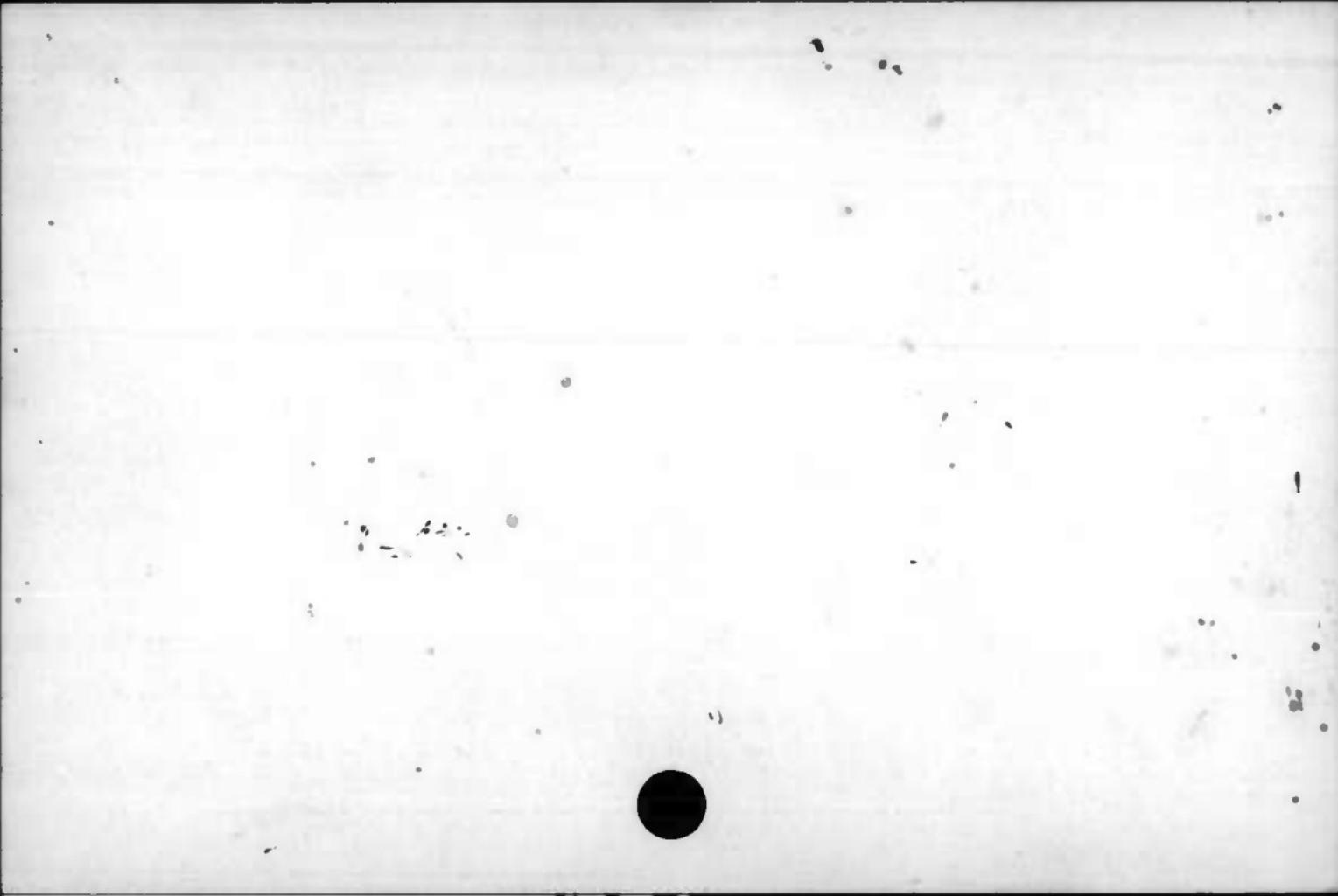
Yes

Signature of Physician

Address

H. Norton Bowden  
Aquasco  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Josephine Coope

Town

County

Died at Le. Springs

P.G.

Date of death 1905

Month July

Day 10

Years

Age

43

Months

Days

Sex Male

Color or Race Black

Birth-place Belvoir

Occupation Laborer

Where Residing if not  
at place of deathMarried, Single  
~~Married~~

Name of Wife or Husband

Father's Name

Lucius L. Meade

Father's Birthplace Belvoir

Mother's Maiden Name

Mother's Birthplace Belvoir

Name of person giving information

H. L. Meade

How related to deceased  
Son

## CAUSES OF DEATH

Primary

Drunkard

How long

3 days

Immediate

Exhaustion

How long

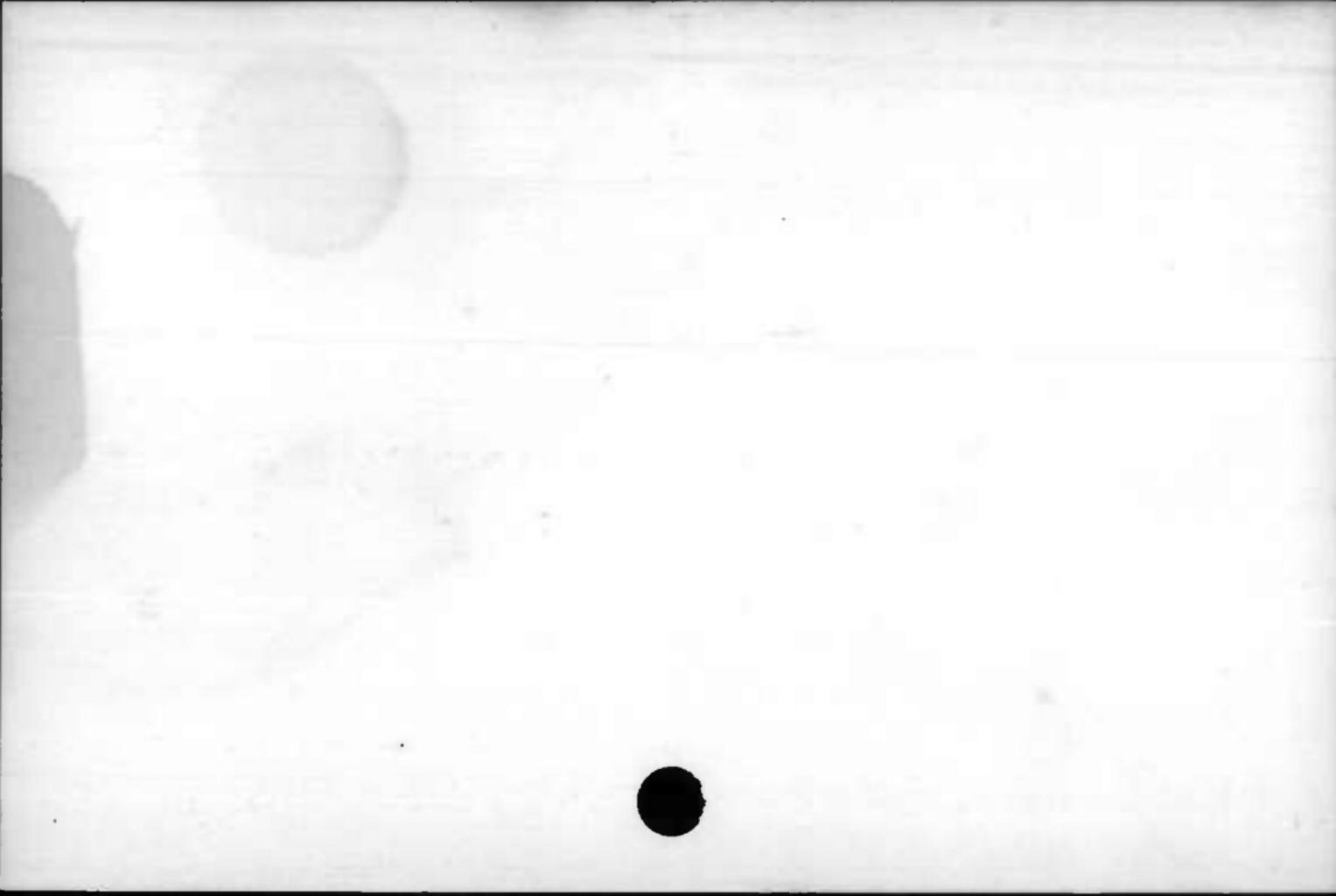
24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

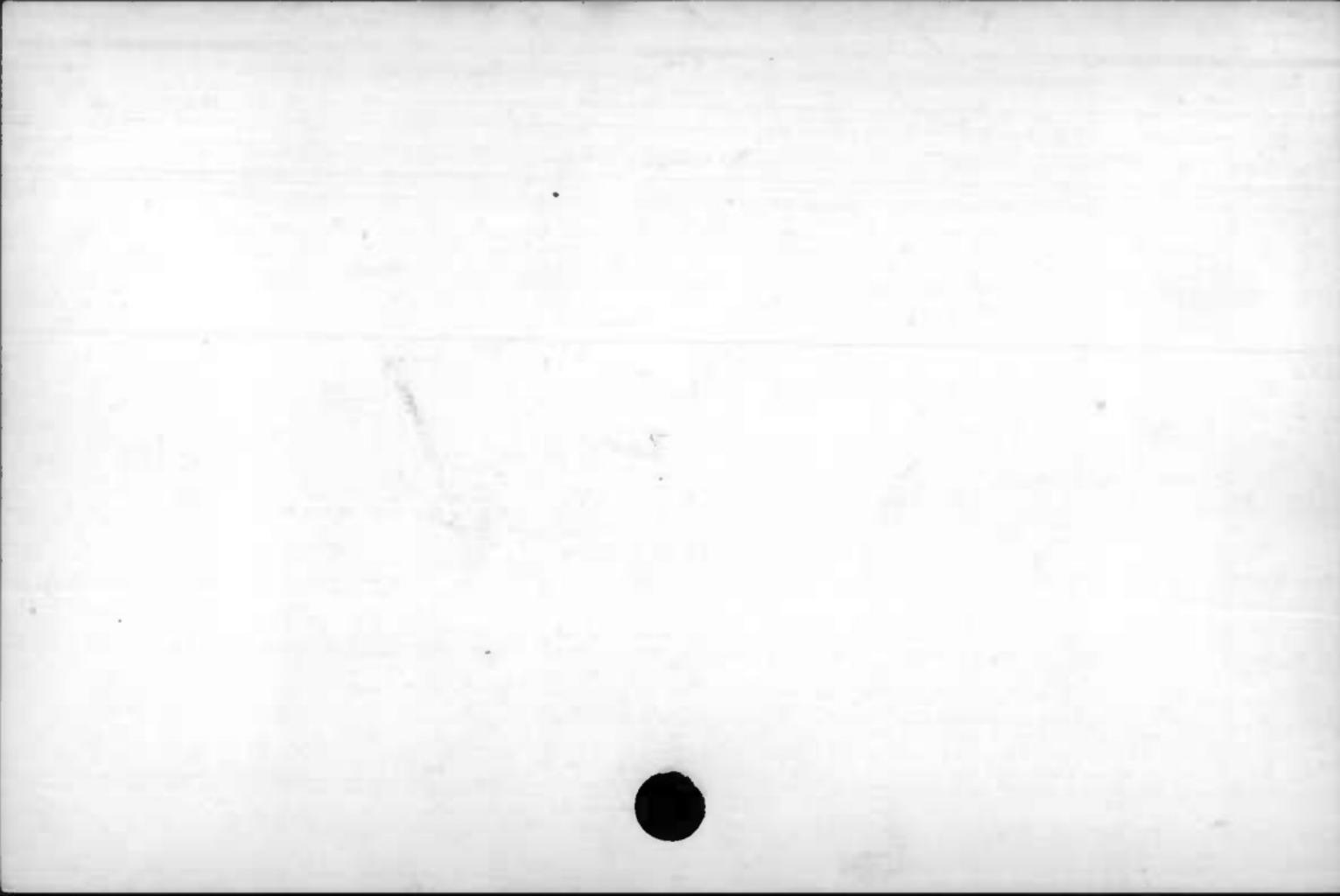


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Agnes Curtis					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	7	19	—	—	4	—	
Sex	Female	Color or Race	Slack	Birth-place	Md.	—	
Occupation	—	Where Residing if not at place of death			—	—	
Married, Single or Widowed	—	Name of Wife or Husband			—	—	
Father's Name	Edward Smallwood				Father's Birthplace	Md	
Mother's Maiden Name	Susanna Curtis				Mother's Birthplace	Md	
Name of person giving Information	Mary Curtis				How related to deceased	Grandmother	
CAUSES OF DEATH							
Primary	Hysteria			(59)	How long	4 mo	
Immediate	Emaciation & exhaustion				How long	—	
Are the name, age, sex, color, date and place correctly given above?				Yes	Signature of Physician	E.P. Singen M.D.	
					Address	Rosecroft, Md.	
Accident or Suicide?							



Name  
in  
Full

Samuel Perry Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

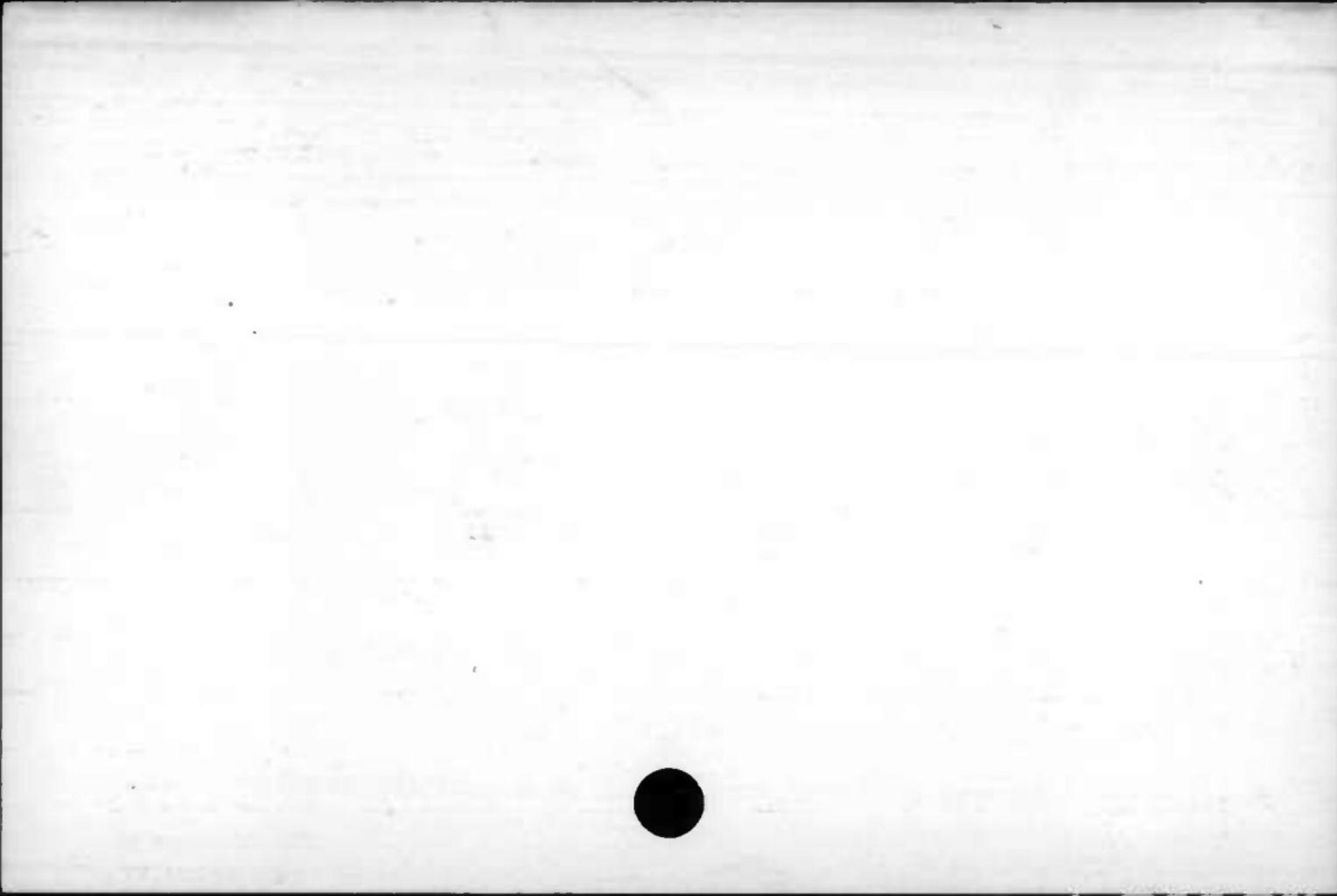
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James Turner Davis		
Mother's Maiden Name	Grace Lamar		
Name of person giving information	Grace Lamar		

Father's Birthplace Maryland  
Mother's Birthplace Maryland  
How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever (Ambulans)		How long
Immediate	Cardiac exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. A.R. Walker,
		Address	Stalls, Md.
Accident or Suicide?			



Name  
in  
Full

John B. Eslin

CERTIFICATE OF DEATH

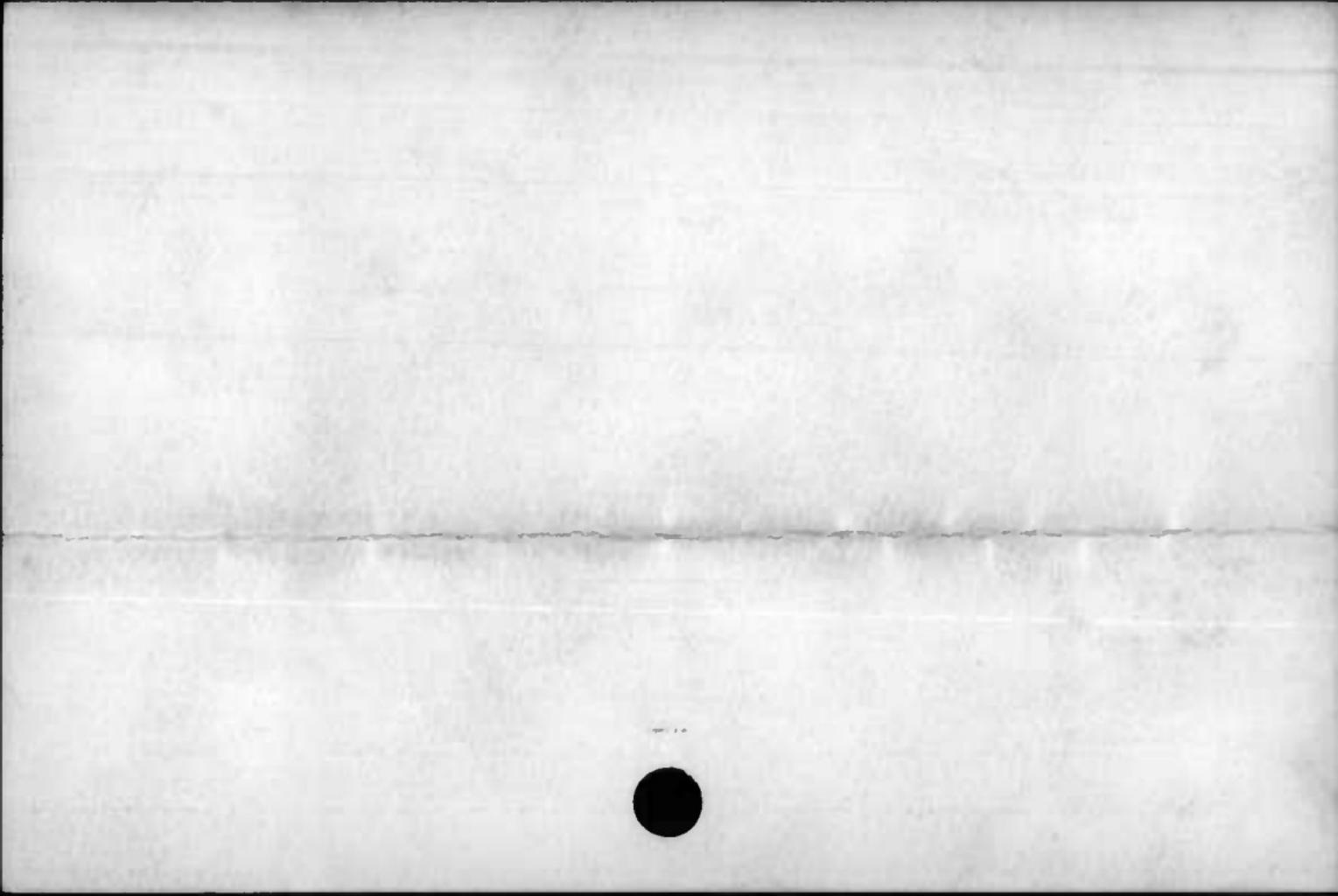
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	P. S.	County	MARYLAND	
Date of death 1906	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 21	Birth-place	D. C.	
Married, Single or Widowed	Single	Occupation	Baker			
Name of Wife or Husband		Father's Birthplace	D. C.			
Father's Name	William Eslin	Mother's Birthplace	D. C.			
Mother's Maiden Name	Elizabeth Seier	How related to deceased	Sister			
Name of person giving information	Gertude Eslin					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	three months
Immediate	Cardialgia	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John S. Dorsey
Yes		Address	20 St & R. I. Ave N. E. Washington D. C.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth- place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name				Father's Birthplace	Md.	
Mother's Maiden Name				Mother's Birthplace	Md.	
Name of person giving Information				How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

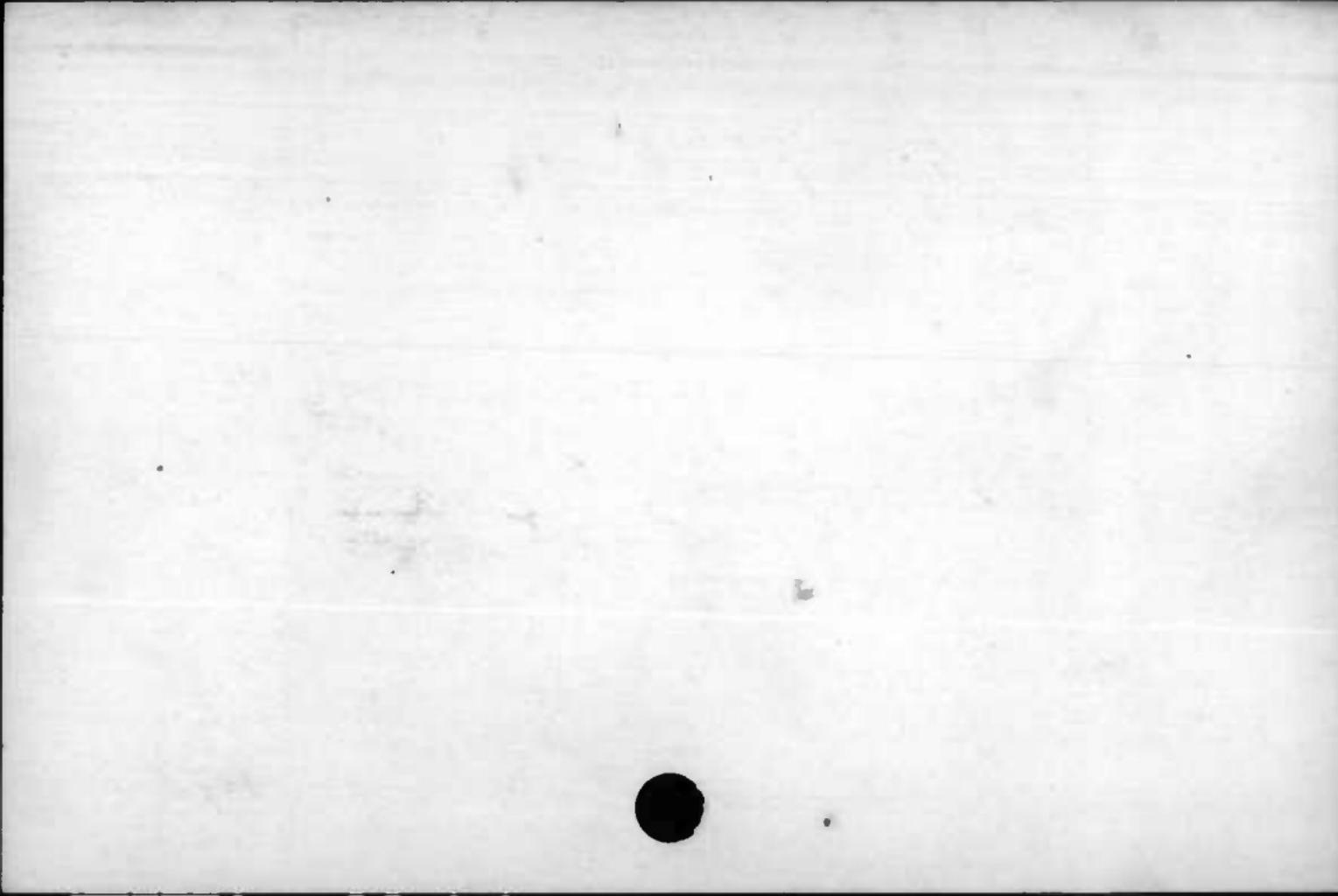
Primary	<i>Meningitis</i>	1 M	How long
Immediate	<i>Exhaustion</i>		How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

William H. Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	19	11	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John L. Hall	P.G.C. Ind			
Mother's Maiden Name	Georgia Mayhew	P.G.C. Ind			
Name of person giving information	J. H. Hall	brother			

PHYSICIAN  
OR CORONER

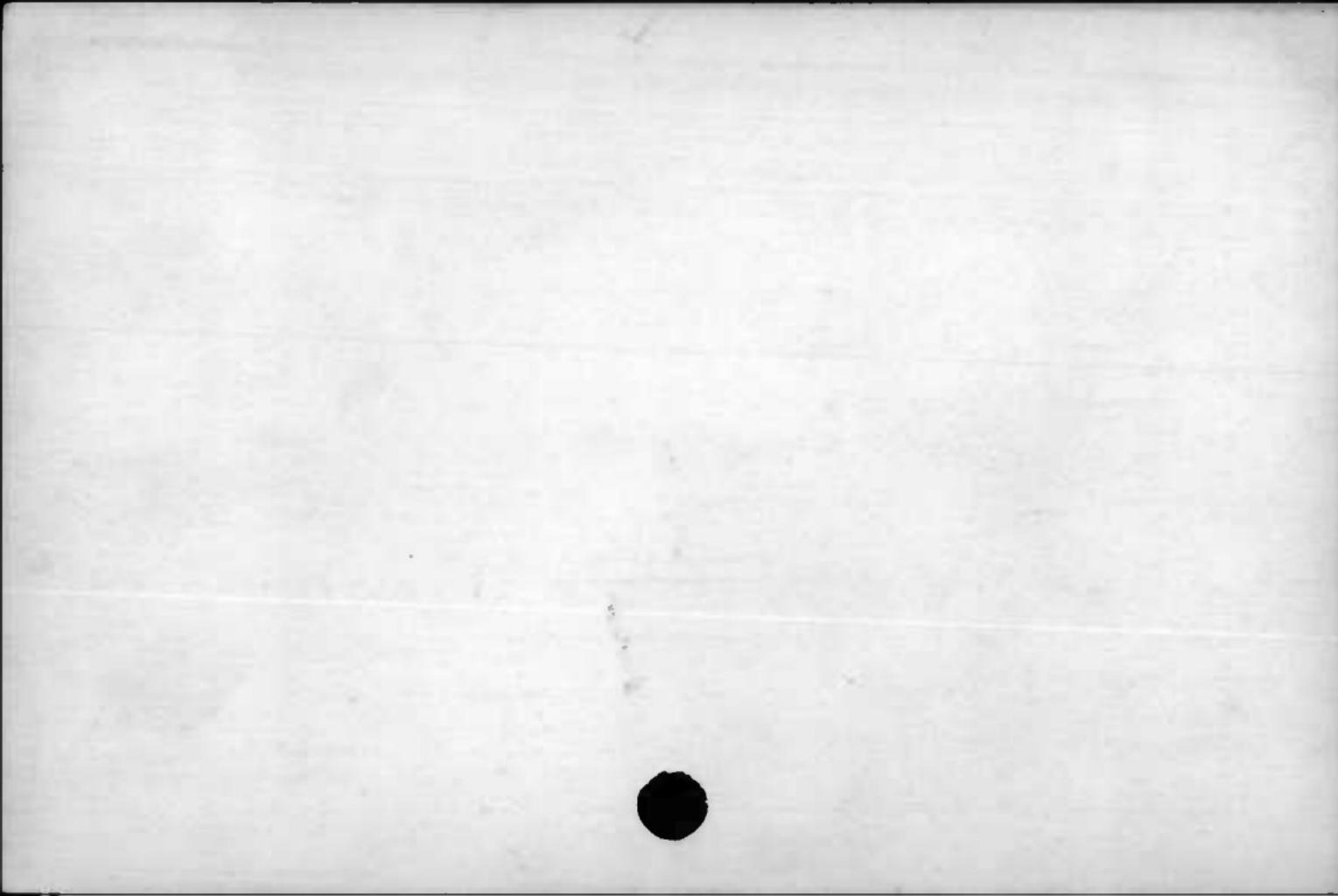
CAUSES OF DEATH	
Primary	Ruptured & Abscessed Liver
Immediate	Aspirator
How related to deceased	
How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Kenny Mr. Hamilton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camp Springs</u>		Town <u>B.G.</u>	County	MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>15</u>	Years	Months <u>7</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Age <u>25</u>	Birthplace <u>Reed</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>George Hamilton</u>				
Mother's Maiden Name	<u>Lena Thomas</u>				
Name of person giving information	<u>Geo. Hamilton</u>				
Father's Birthplace	<u>Reed</u>				
Mother's Birthplace	<u>Reed</u>				
How related to deceased	<u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Weakness

No physician

How long

How long

Immediate

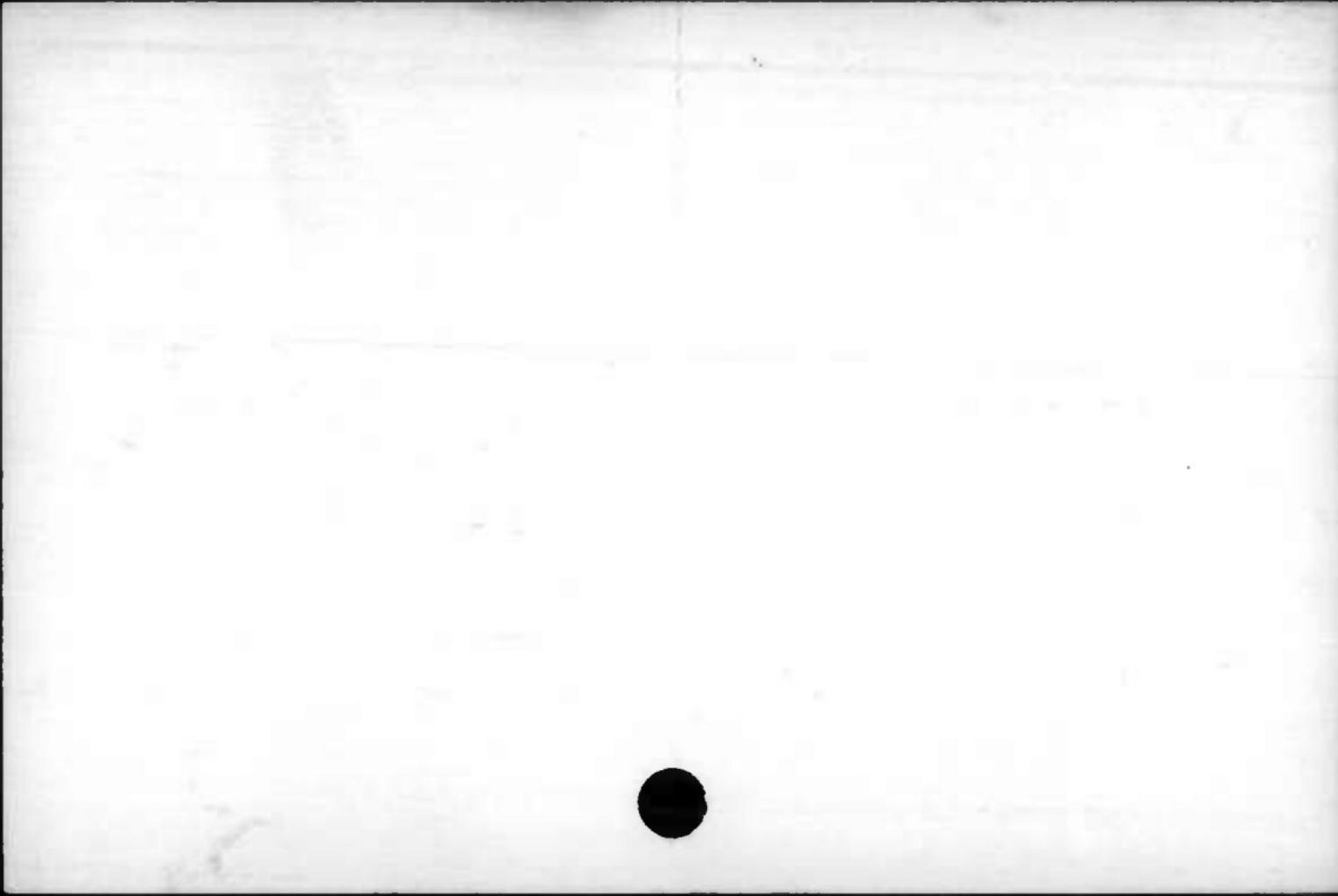
Yes

Signature of Physician

Address

J. L. Leavitt

Accident or Suicide?



Name  
in  
Full

Charity Hawkins

CERTIFICATE OF DEATH

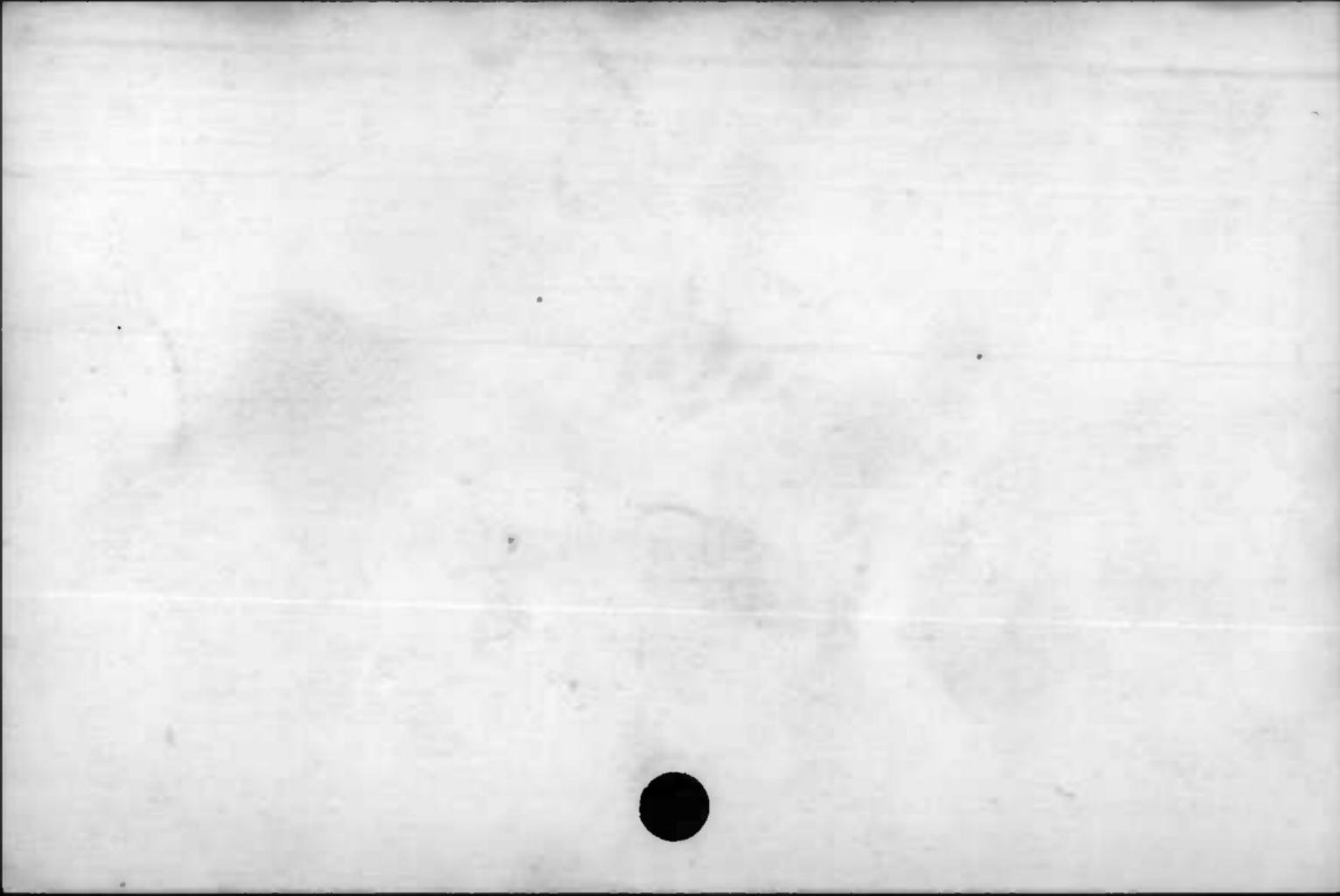
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	P.G.		County	MARYLAND	
Date of death	Month	Day	Years	Munths	Days	
Sex	Color or Race	Age	85			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Bruce Hawkins				
Father's Name	Bruce West				Father's Birthplace	P.G. Co. Md.
Mother's Maiden Name	Sophia				Mother's Birthplace	P.G. Co. Md.
Name of person giving Information	G.E. Greenfield				How related to deceased	Former owner

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sensile Debility	54	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Left ribbons from mid	
	Address		
Accident or Suicide?			



Name  
in  
Full

Charles Hebron

CERTIFICATE OF DEATH

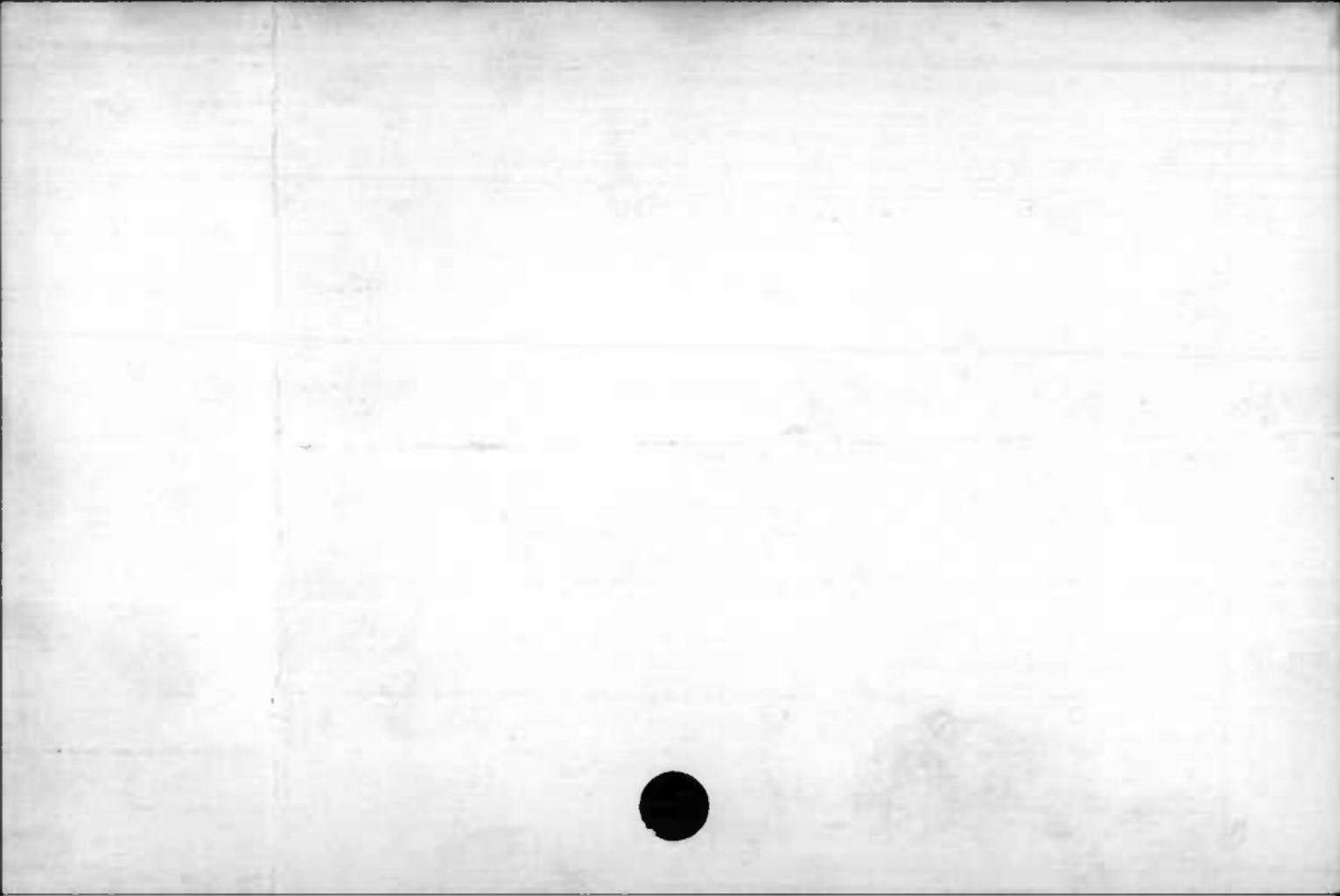
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Georgiana Dublin	Mother's Name	Mother's Birthplace
Name of person giving Information	William Gross	How related to deceased	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	5 months
Immediate	Asthma	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S.P. Etienne
		Address	Beaverton Md.
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Howard Holland

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Berwyn	Prince George				
Date of death 1905	Month July	Day 29	Years Age 14	Months 3	Days 18
Sex Male	Color or Race Colored	Birth-place Maryland			
Occupation at home	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Richard Holland	Father's Birthplace Maryland				
Mother's Maiden Name Henrietta Ray	Mother's Birthplace Maryland				
Name of person giving Information Benjamin Hicks	How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

2 weeks

Immediate

Perforation & peritonitis

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

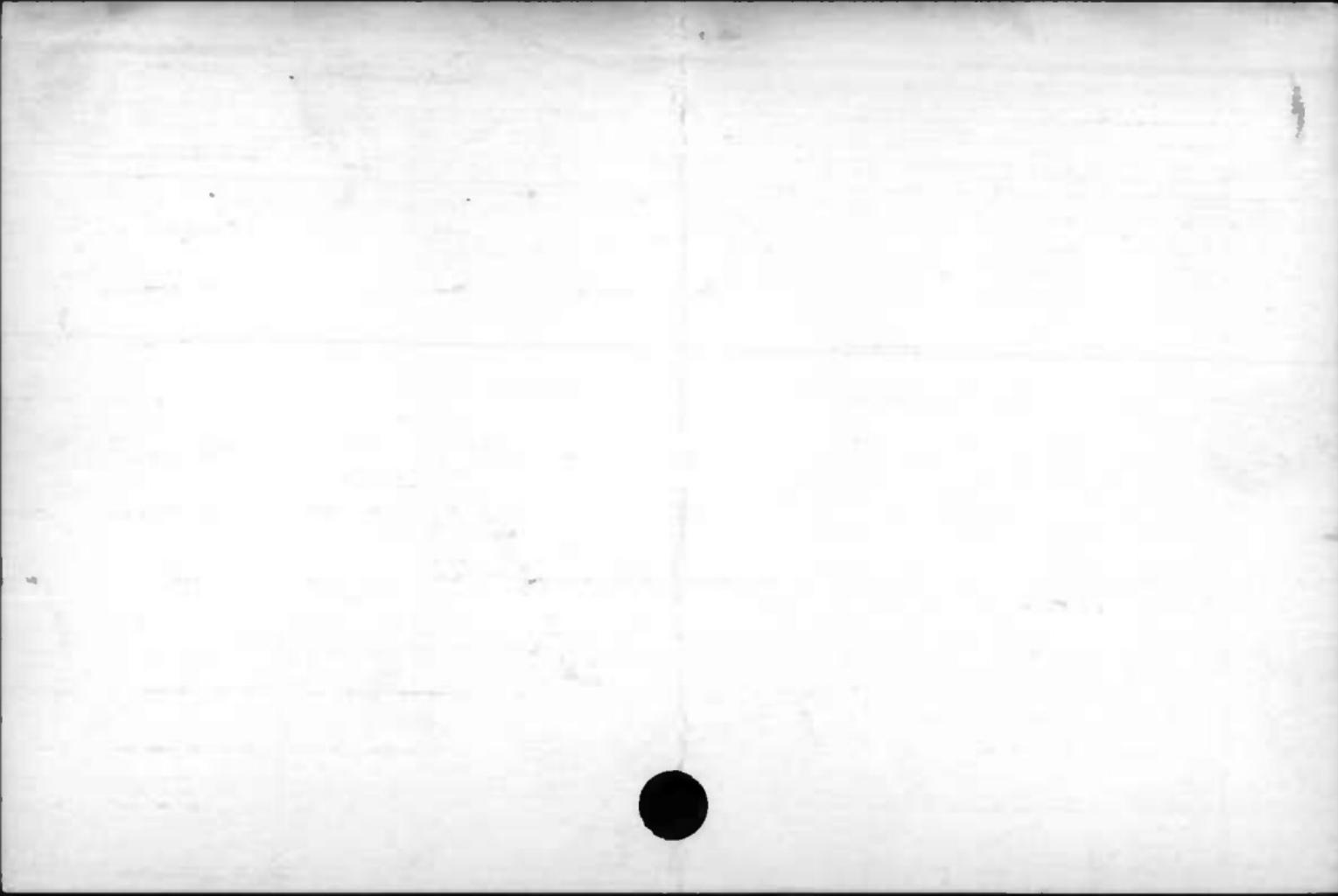
Signature of Physician

Address

Dr Etienne

Berwyn Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Reginald Herd

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	P. 50	County		
Date of death	Month	9	Day	Years	Months Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Herd			Father's Birthplace	Pa
Mother's Maiden Name	Martin			Mother's Birthplace	Maryland
Name of person giving information	Frank Herd			How related to deceased	Father

CAUSES OF DEATH

Primary

Don't know

How long

Low birth

Immediate

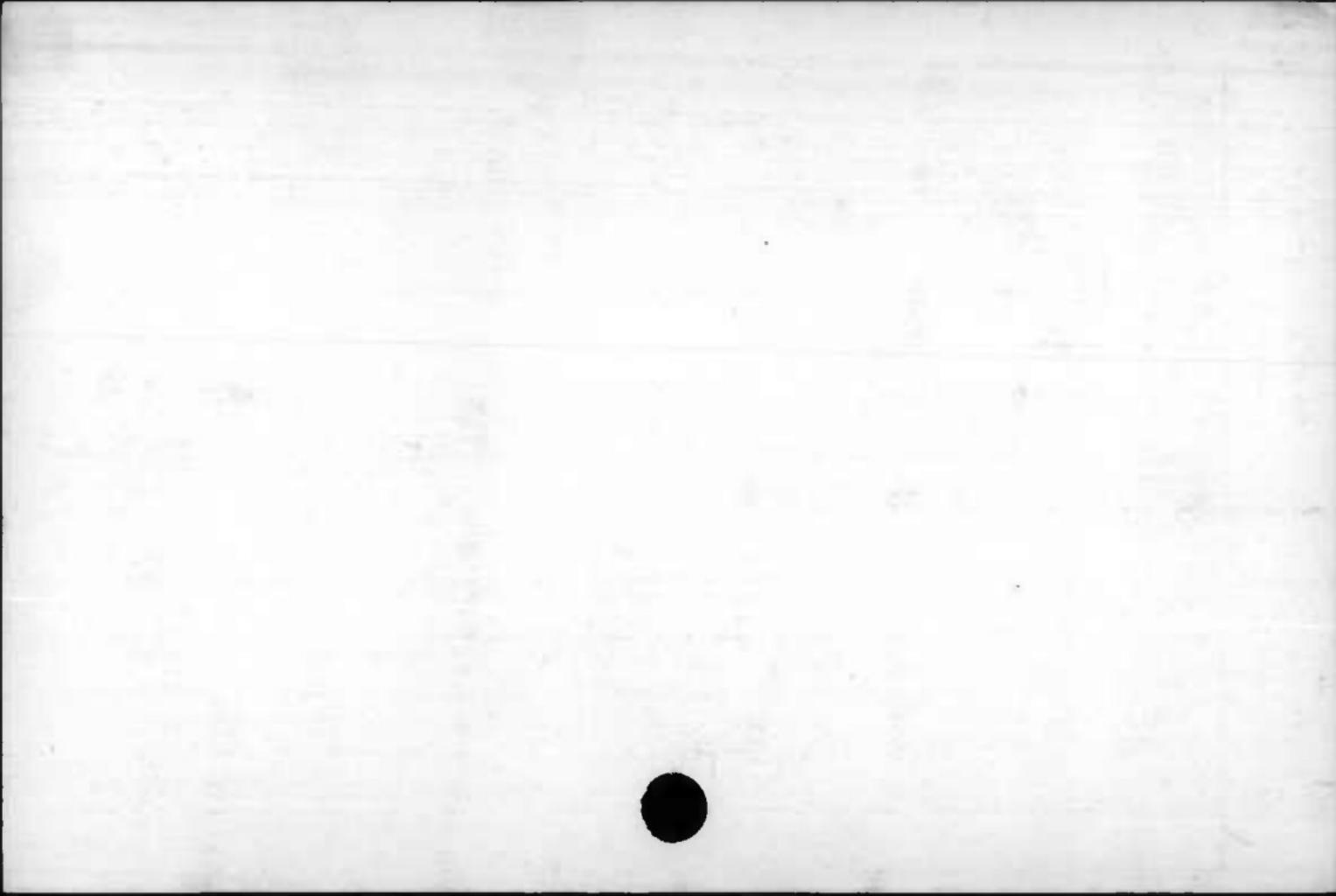
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

He sufficed  
five warlow  
Med

Accident or Suicide?



Name  
in  
Full

Mildred Effie Jenkins

CERTIFICATE OF DEATH

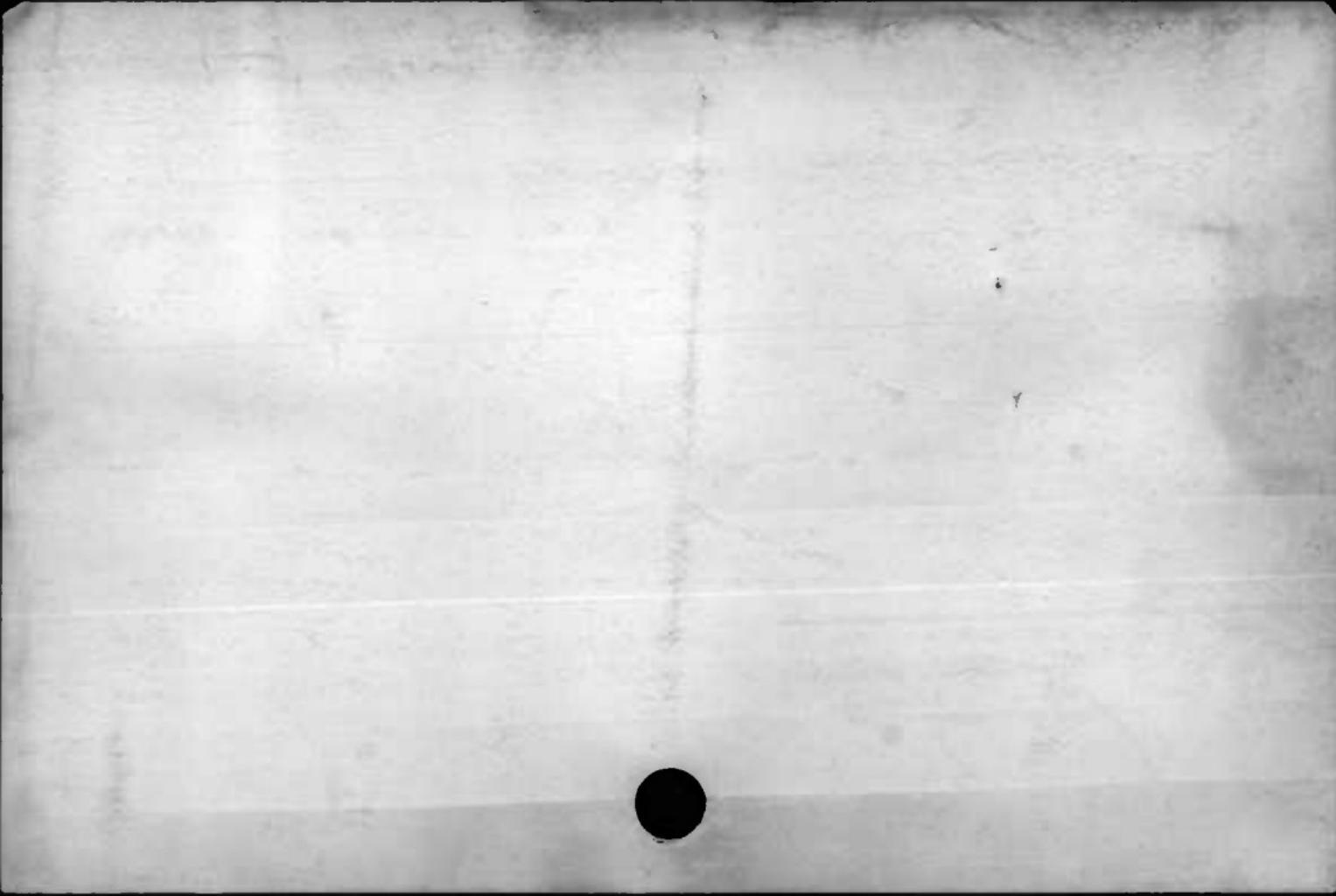
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Separated or Widowed	Name of Wife or Husband	John V. Jenkins				
Father's Name	F. B. Disney					Father's Birthplace
Mother's Maiden Name	Sarah M. Beale					Mother's Birthplace
Name of person giving information	George L. Jenkins					How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Phthisis Pulmonalis		How long	
Immediate	Exhaustion		6 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
yes		D.P. Sturt, M.D.	one month	
no		Address	102-9½ st. N.W. Wash. D.C.	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E Johnson

CERTIFICATE OF DEATH

Died at	Town	P. G.	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	July	4	19		
Sex	Color or Race	Birth-place			
Female	Colored	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	John R Johnson	Father's Birthplace	Md		
Mother's Maiden Name	Elsie Butler	Mother's Birthplace	Md		
Name of person giving Information	Benjamin N Johnson	How related to deceased	Musical		

CAUSES OF DEATH

Primary

Pneumonia Phtisis

How long

1 year

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

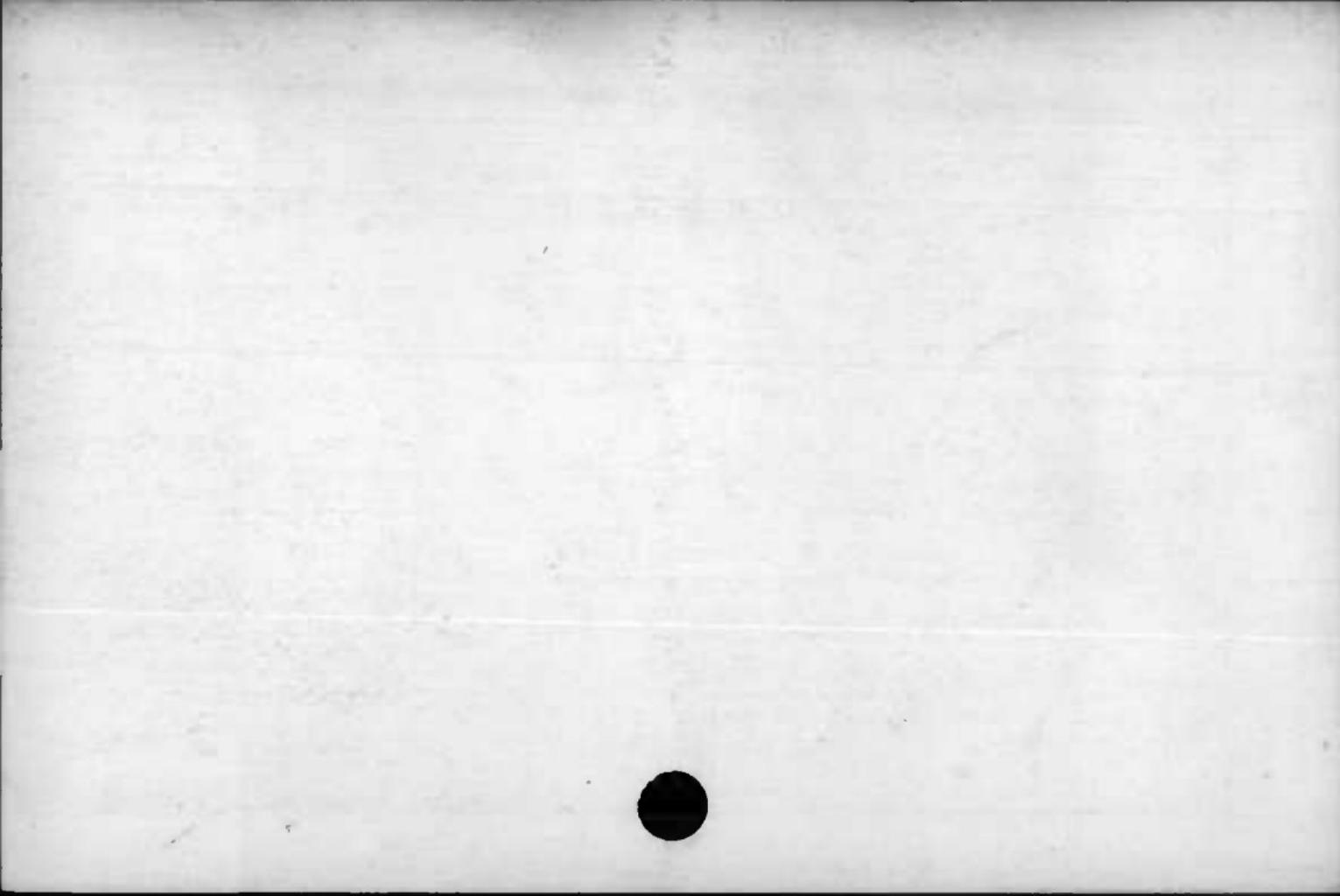
yes

Signature of Physician

Address

W H Gibbons  
Crown Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Carry Jones

Town

Died at

Glenelde

County

P.W.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month July Day 28 Years 47 Months — Days —

Sex Male Color or Race Black Birth-place P.G. Co. Md.

Occupation Farmer Where Residing if not at place of death Glenelde Cr

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Michael Jones Father's Birthplace P.G. Co. Md.

Mother's Maiden Name Elvira T. Pinney Mother's Birthplace Md.

Name of person giving information Michael Jones How related to deceased Sister

CAUSES OF DEATH

Primary

Aprolaxy

6X

How long

Immediate

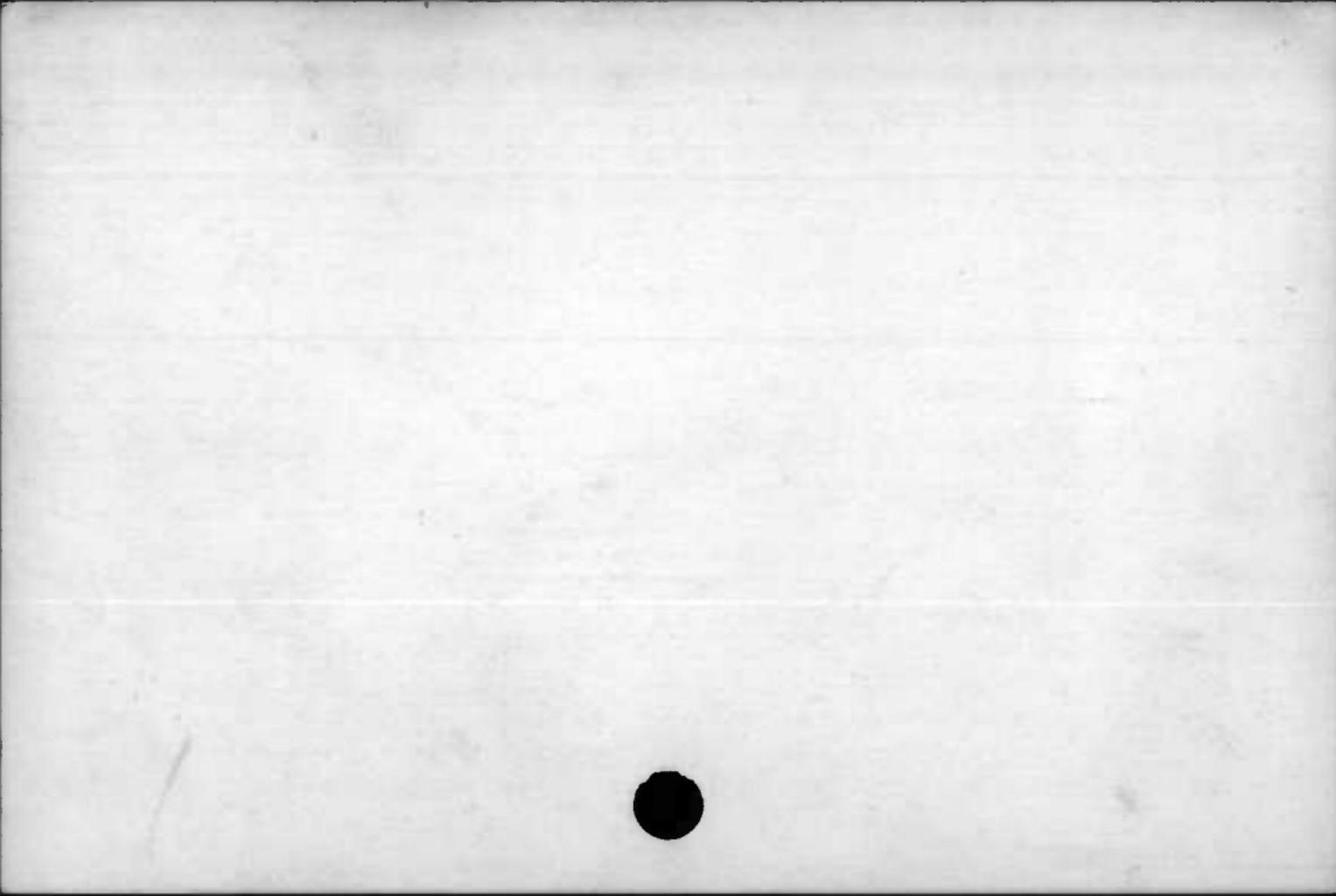
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John M. Connelly  
Springfield Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Randolph Jones					CERTIFICATE OF DEATH	
Died at	Town	Marlboro	County	Rosedale	MARYLAND	
Date of death	Month	1905	Day	9	Years	3
Age	3	Months	Days			
Sex	Male	Color or Race	Caucasian	Birth-place	Near Marlboro	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Inwooden Jones					Father's Birthplace
Mother's Maiden Name	Bushka High					Mother's Birthplace
Name of person giving information	Inwooden Jones					How related to deceased

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

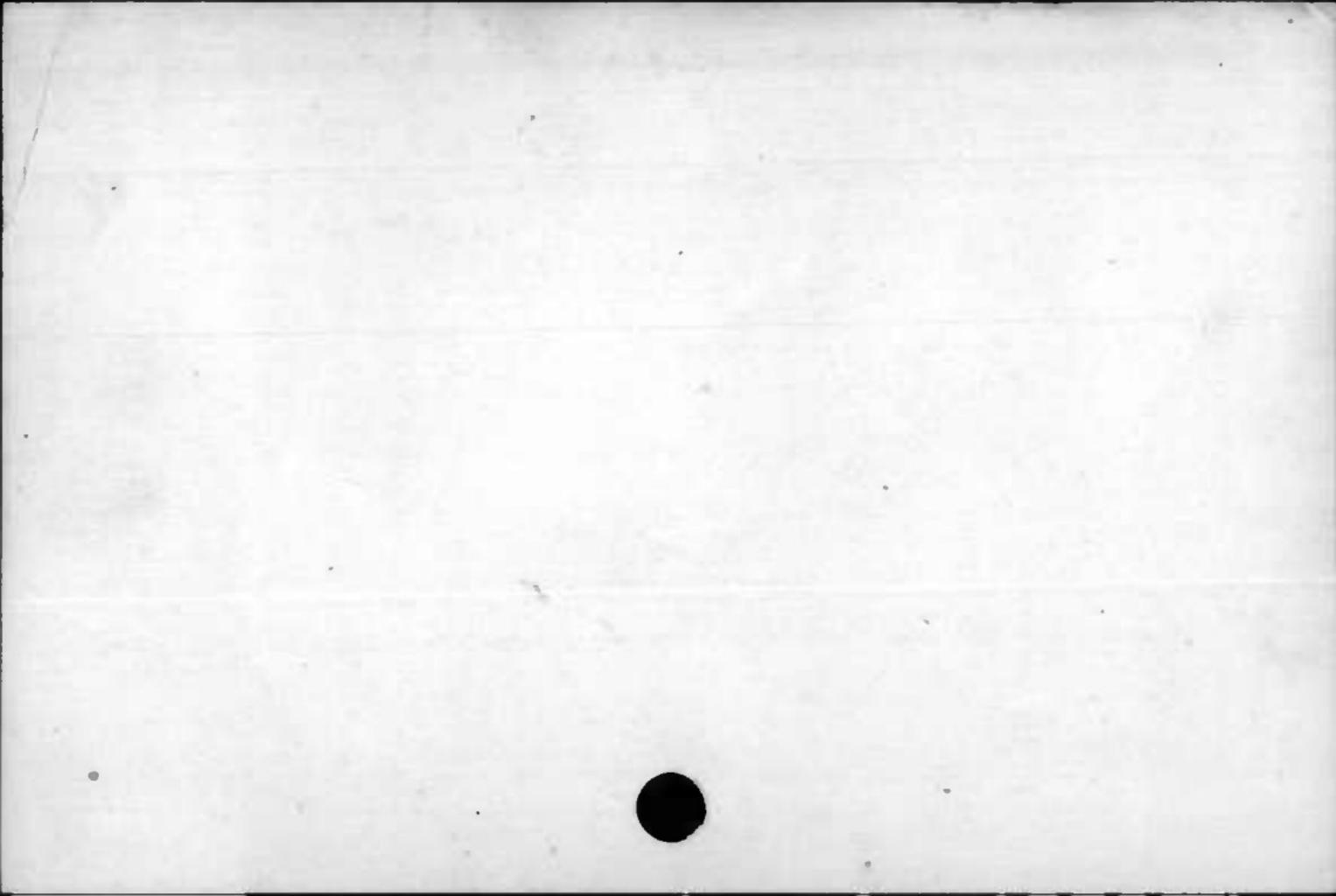
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ronald Saasser  
Marlboro  
Md.



Name  
in  
Full

Sarah E. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Marlboro	Town	Prince	County	MARYLAND		
Date of death	1905	Month July	2	Day	Years 1	Munths	Days 3
Sex	Female	Color or Race	Bloach	Birth-place	Same		
Occupation	—	Where Residing if not at place of death					—
Married, Single or Widowed	—	Name of Wife or Husband					—
Father's Name	Philip D. Jones					Father's Birthplace	Pr. Co
Mother's Maiden Name	Mary M. Bell					Mother's Birthplace	Pr. Co
Name of person giving information	Philip D. Jones					How related to deceased	Lather

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cholera dysentery 105

How long

Don't know

Immediate

Cholera

How long

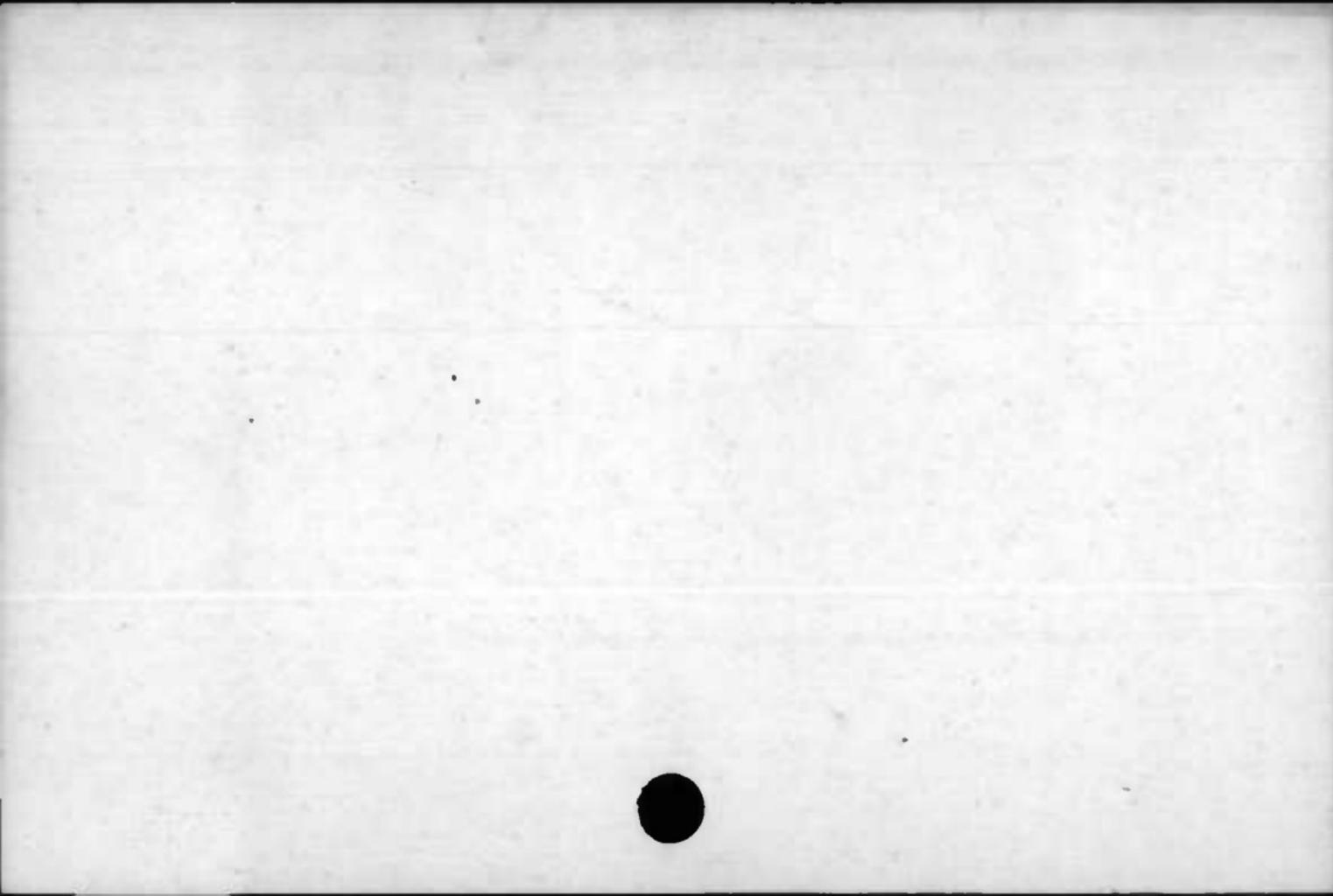
He suffered  
upper Marlboro  
Md

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Bladensburg</b>		Town	County <b>P. Geo.</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>July</b>	Day <b>26</b>	Age <b>—</b>	Years <b>—</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Bladensburg</b>				
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>S.</b>					
Father's Name <b>Joseph Koch</b>	Mother's Maiden Name <b>Stella Koch</b>		Father's Birthplace <b>M.D.</b>		Mother's Birthplace <b>M.D.</b>	
Name of person giving Information <b>Joseph Koch</b>	How related to deceased <b>Parent</b>					

CAUSES OF DEATH

Primary	<b>Still Born</b>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

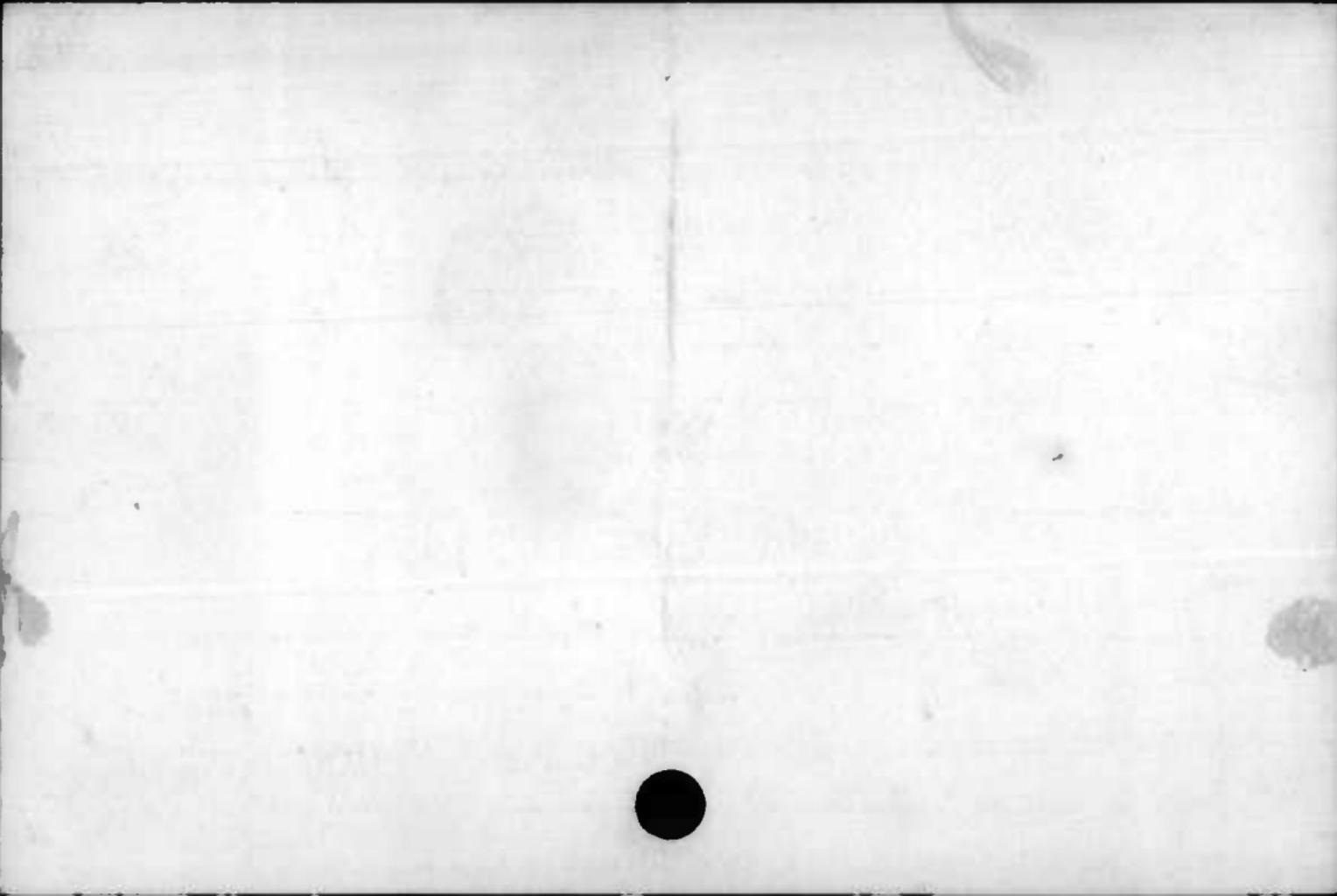
**Yes**

Signature of Physician

Address

**J. C. Ohundorf, M.D.**  
**Brentwood, Md.**

Accident or Suicide?



Name  
in  
Full

Not Named

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month	Year	Months	Days	
	July	21			
Sex male	Color or Race Colored	Birth-place M.D.			
Occupation	Where Residing if not at place of death S.S. M.D.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Lancaster				
Mother's Maiden Name	Ellen Sharks				
Name of person giving information	Frank L Lancaster				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Natural cause.

How long

Immediate

How long

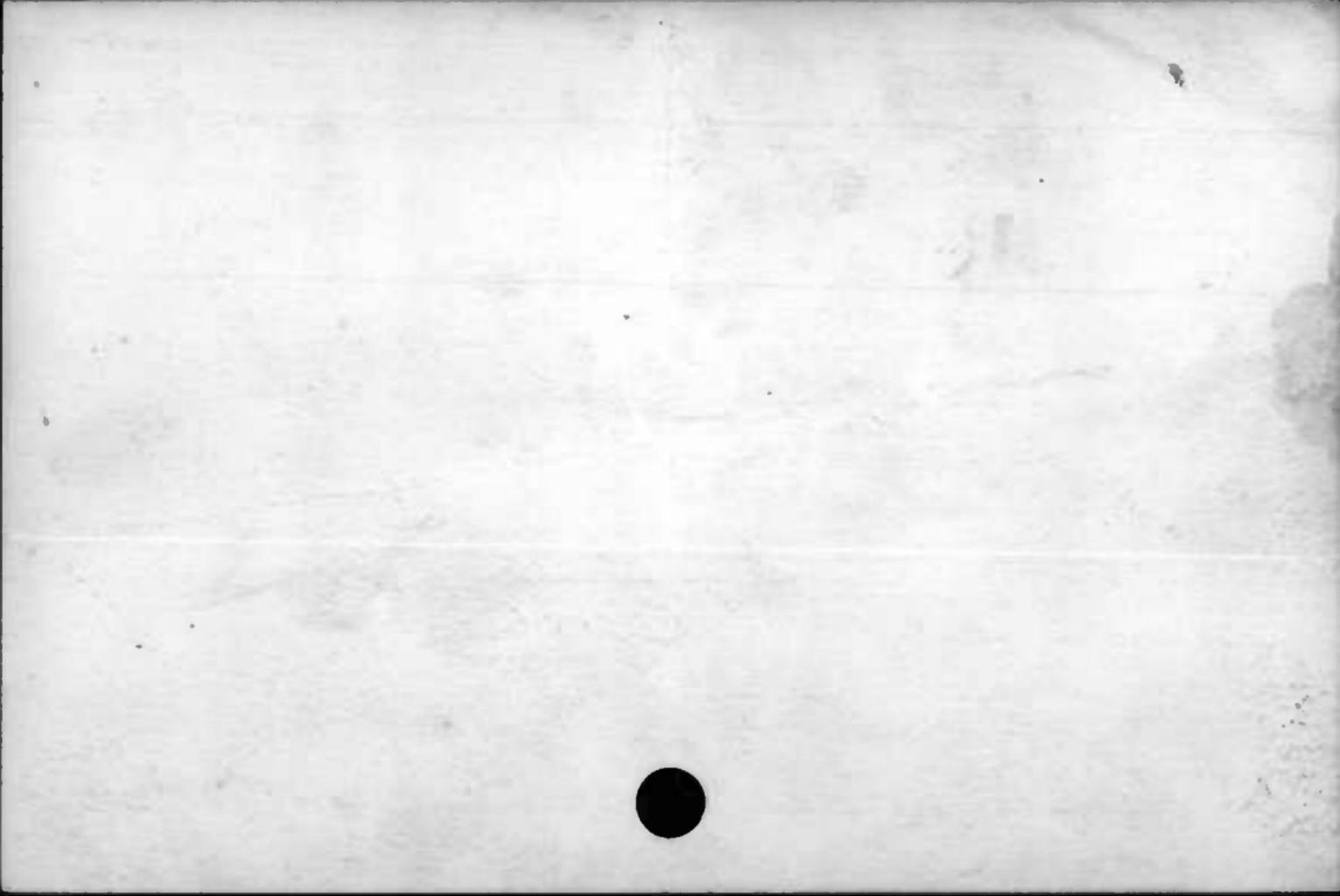
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Brooke Hunter, J.P.  
Hyattsville, Md. (Seal)

Accident or Suicide?



Name  
in  
Full

Pearl M. Leakin

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Hyattsville Prince George Maryland

1905 July 6 6 ~

Female white

Occupation -

Married, Single or Widowed -

Name of Wife or Husband -

Father's Name Andrew J. Leakin M.D.

Mother's Maiden Name Pearl Herbert D.C.

Name of person giving information Andrew Leakin Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastric - Enteritis

How long

3 wks.

Immediate

Convulsions

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

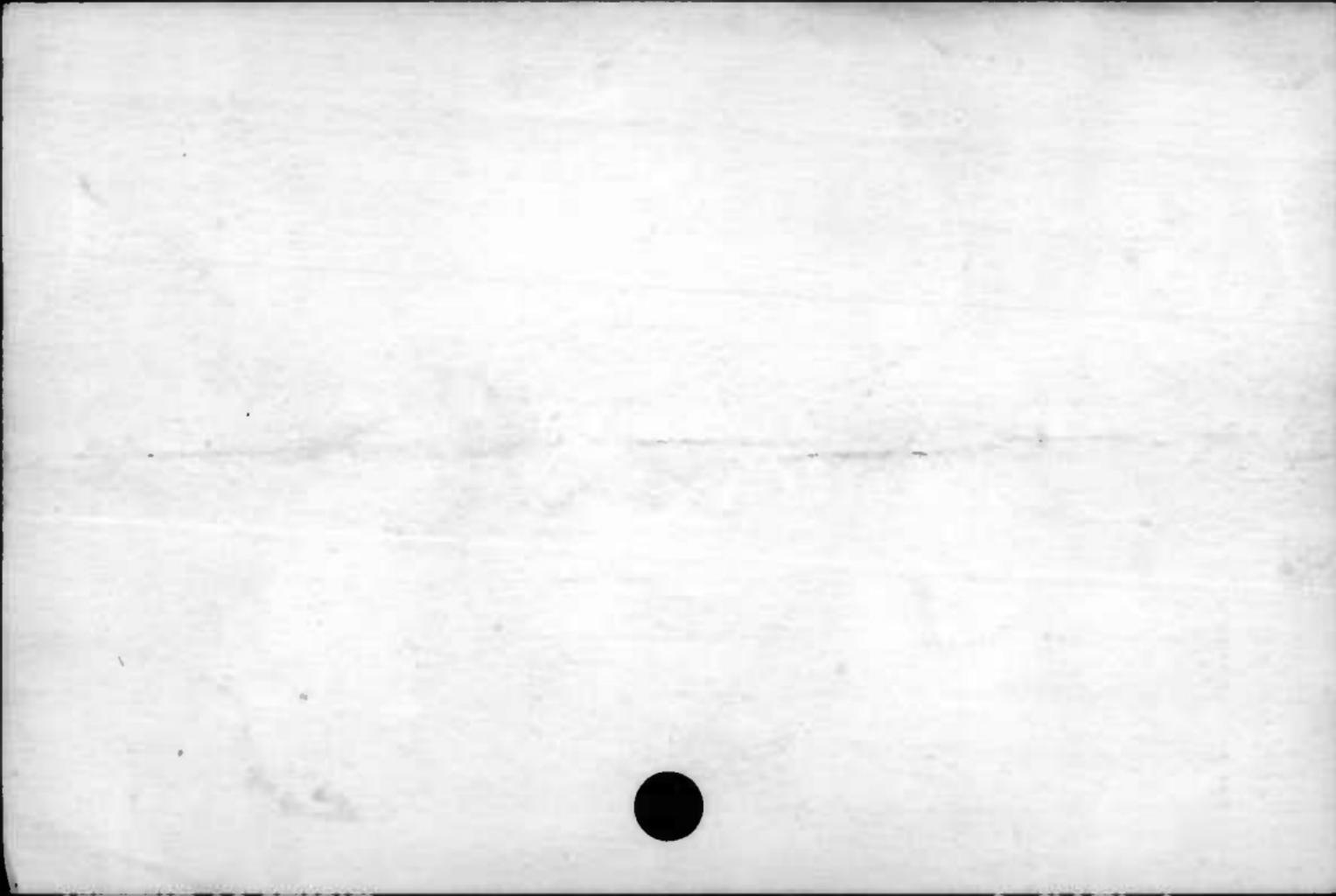
Signature of Physician

Address

A. H. Boweae

928 - 2nd Ave. N.E., Wash. D.C.

Accident or Suicide?



Name  
in  
Full

Willard Landon Lowry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

OR CORONER

Died at <u>New Laurel</u> Town		<u>Prince George's</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>18th</u>	Years <u>31</u>	Months	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland Co U.S.A.</u>			
Occupation <u>Fish trapping</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clearsey Cookman</u>	Father's Birthplace <u>Maryland Co U.S.A.</u>			
Father's Name <u>C. F. Lowry</u>					Mother's Birthplace <u>" "</u>
Mother's Maiden Name <u>Laura E. Fuller</u>					How related to deceased <u>none</u>
Name of person giving Information <u>J.W. Willey</u>					

CAUSES OF DEATH

Primary

Found Mangled on

How long

Immediate

70. Rail Road tracks

How long

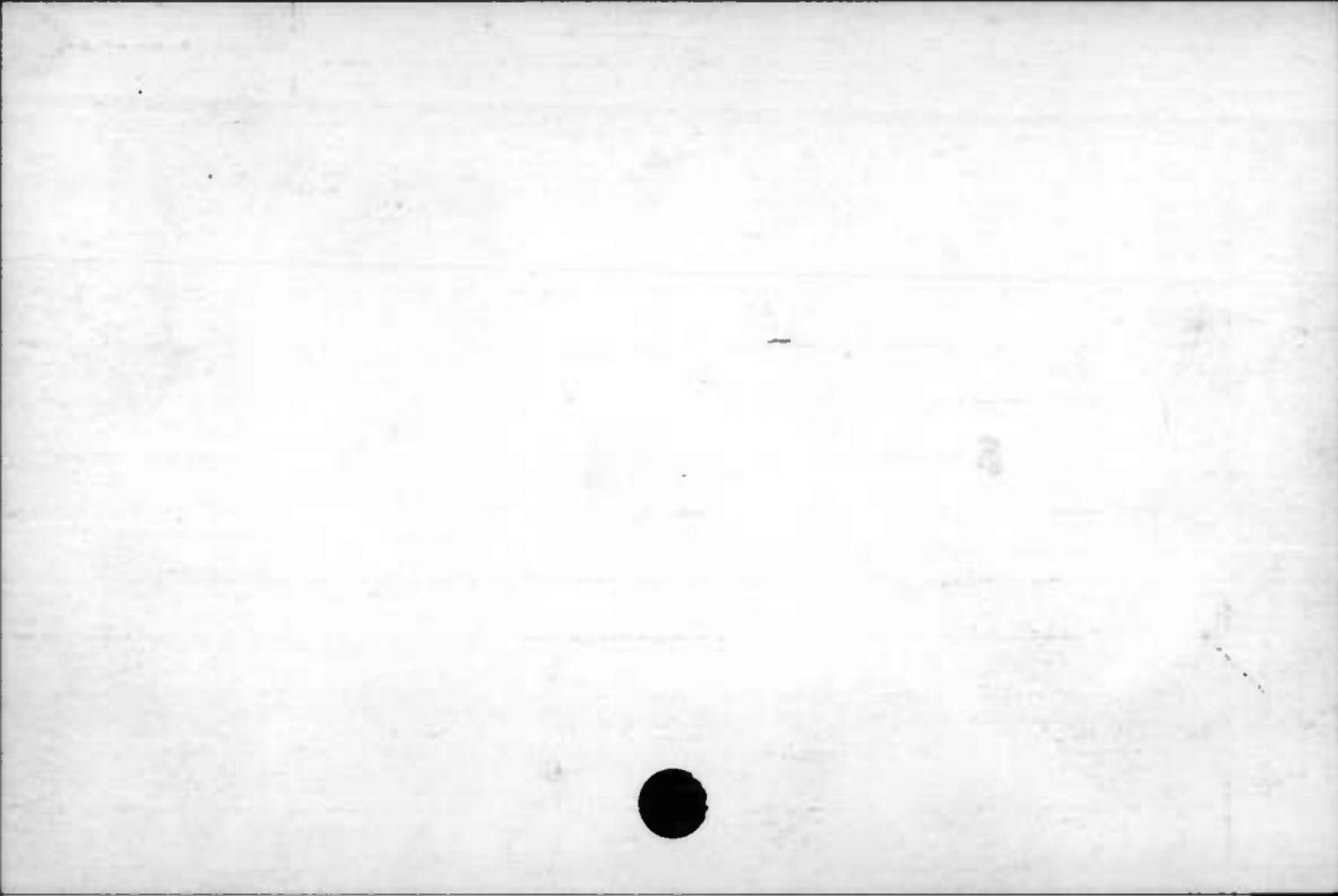
Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Henry T. Frost  
Laurel  
Md.

Accident or Suicide?



Name  
in  
Full

John Luther

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	28	
Occupation	Clark	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Berwyn			
Father's Name					
Mother's Maiden Name					
Name of person giving information	Drsua C. Graces wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Asthma

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

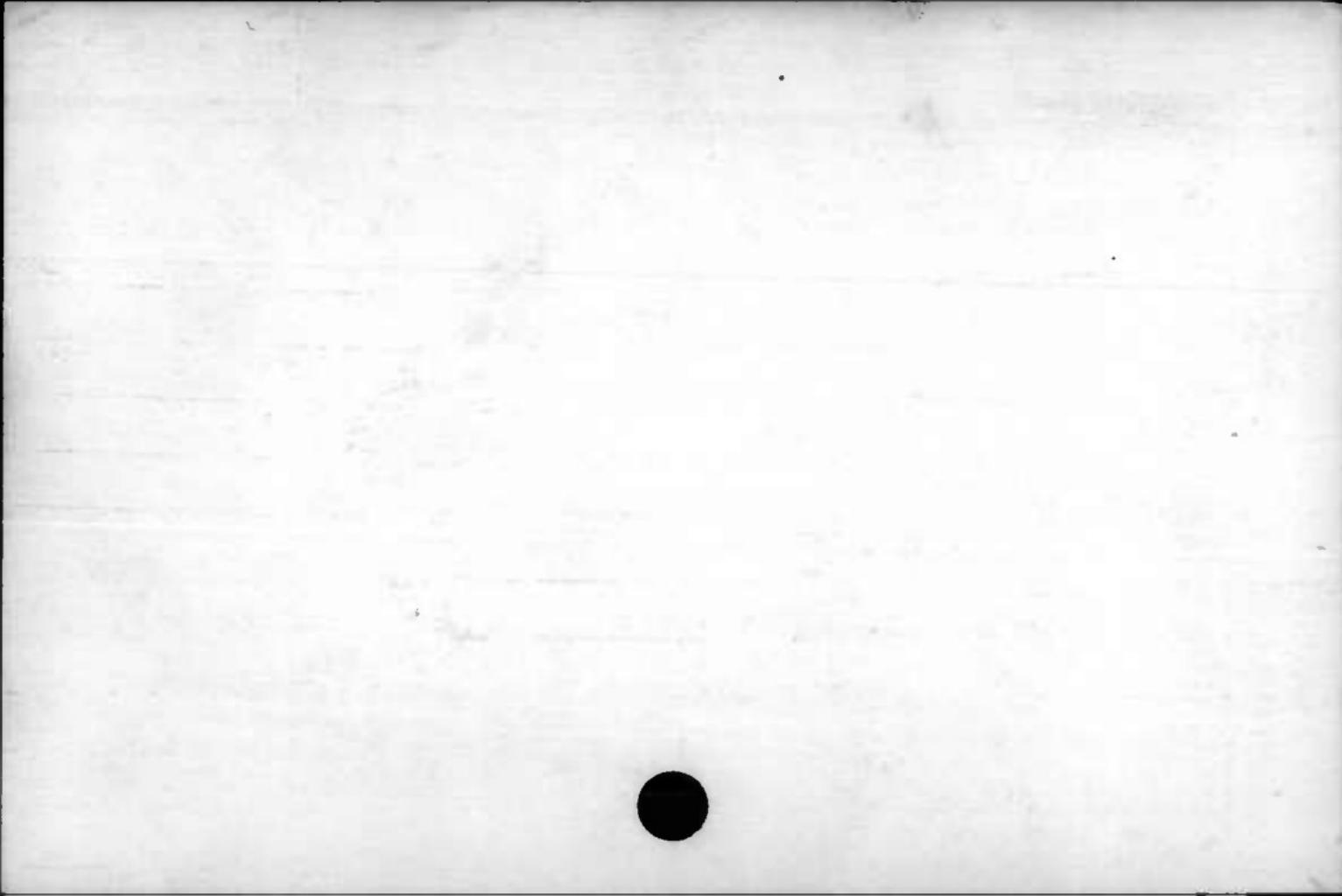
yes

Signature of Physician

Address

A. J. Etienne  
Berwyn

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
2	July	7 <sup>th</sup>	1905	65	9
Sex	Color or Race	Occupation			
Married, Single or Widowed	Colored	Midwife			
Name of Husband	Robert Mackall		Father's Birthplace	Md	
Father's Name	Timson Holliday		Mother's Birthplace	Md	
Mother's Maiden Name	Harriet Holliday		How related to deceased	Son	
Name of person giving Information	Walter Mackall				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Organic Heart Disease  
Heart failure

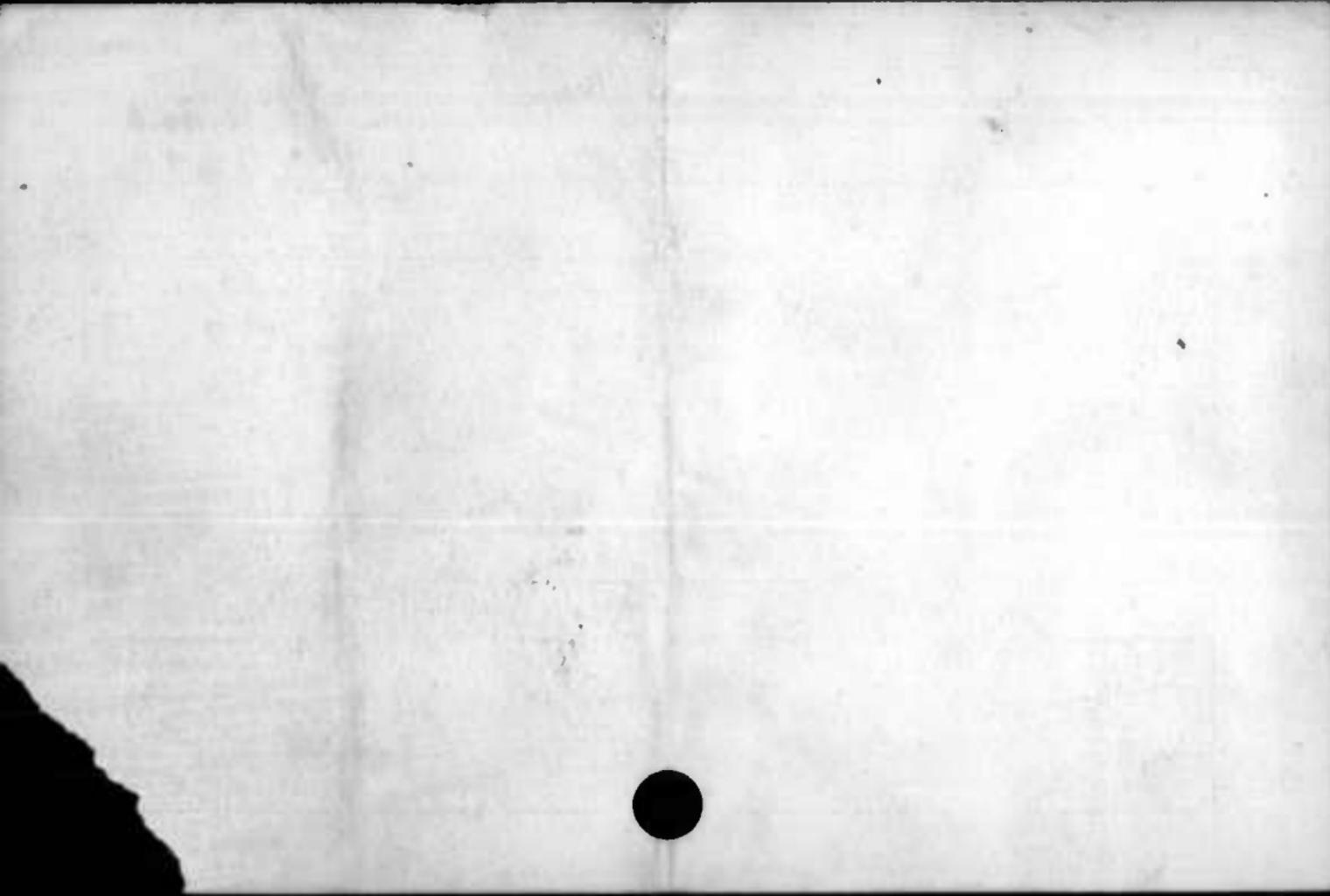
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Marshall

CERTIFICATE OF DEATH

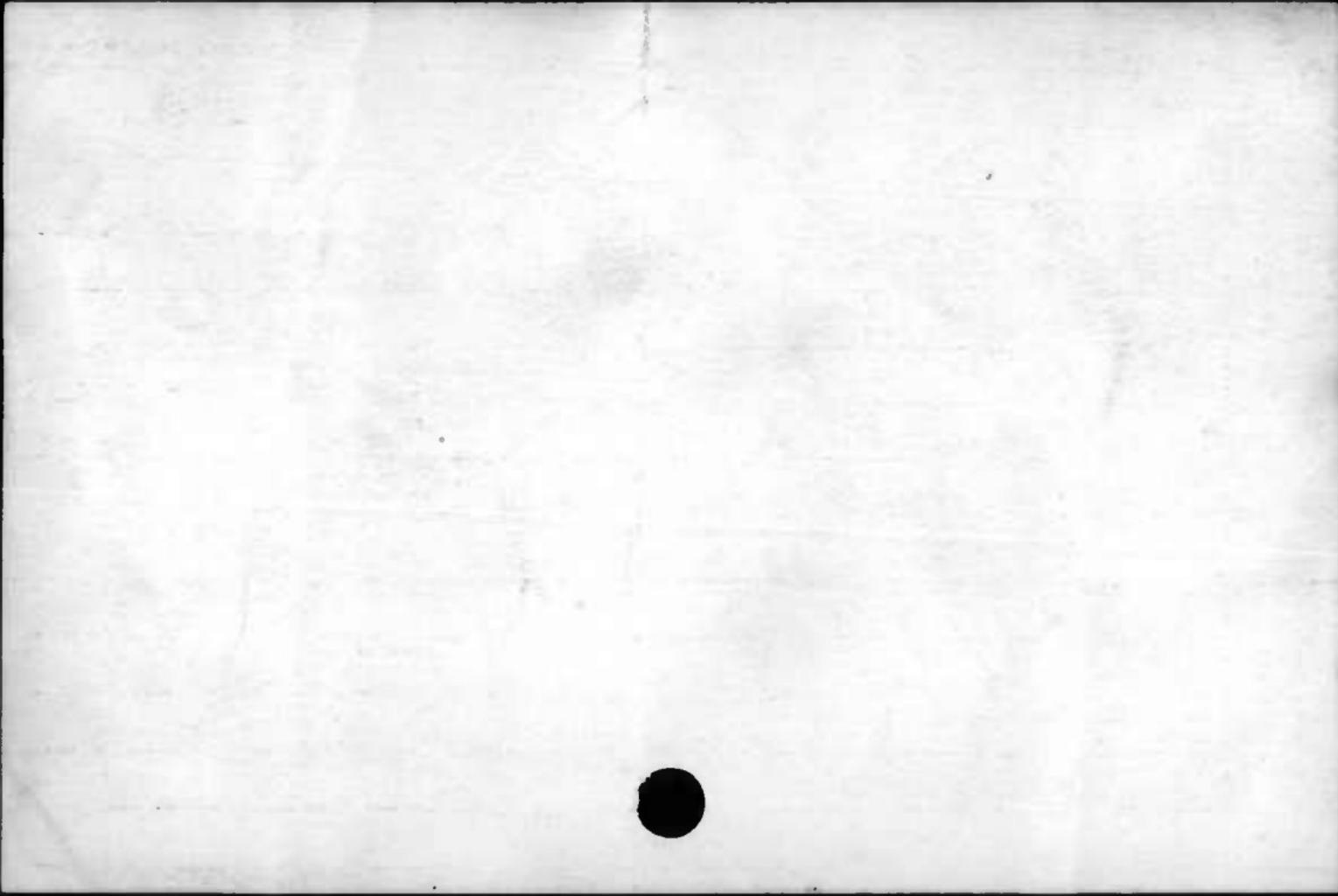
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	P. O.	County	MARYLAND	
Date of death 1905	Month July	Day 11	Years	Months	Days 24
Sex male	Color or Race colored			Birth-place	place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Not known		Father's Birthplace		
Mother's Maiden Name	Anna A. Marshall		Mother's Birthplace		
Name of person giving information	Edwin Marshall		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis		How long	3 day
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John A. Cog
			Address	213.
Accident or Suicide?				



Name  
in  
Full

Hannah Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND.		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	76	
Occupation	Where Residing if not at place of death			Laurel	
Married, Single or Widowed	Single	Name of Wife or Husband	-	-	-
Father's Name	James Miller			Father's Birthplace	Scotland
Mother's Maiden Name	Margaret Tootle			Mother's Birthplace	England
Name of person giving Information	Mrs R H Sadler			How related to deceased	Sister

CAUSES OF DEATH

Primary	In tuberculosis	How long	From childhood.
Immediate	General Failure Vital Forces	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Gronnemiller MD
		Address	Laurel Ind
Accident or Suicide?		-	

F.I.L. a/s  
Baldwin &  
Miller.

Name  
in  
Full

Henry Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Tankard's	Town	County	MARYLAND		
Date of death	1905	Month July	Day	Years 80	Months	Days
Sex	Male	Color or Race	colored	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Buckley			
Father's Name	Marcus Forrester			Father's Birthplace	Md	
Mother's Maiden Name	Rachel Galt			Mother's Birthplace	Md	
Name of person giving information	Sarah Miller			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long about 4 months
Immediate	Mitral Regurgitation	How long Probably 4 months
Are the name, age, sex, color, date and place correctly given above?	Probably	Signature of Physician V.L. Perry
		Address Hyattsville MD
Accident or Suicide?		

Genesee County

n.s.f.

Batavia

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH			
Died at		Town	County
Date of death	Month	Day	Years
1905	July	19	49.
Sex	Female	Color or Race	White
Occupation	Housewife	Where Residing if not at place of death	Hed
Married, Single or Widowed	Widowed	Name of Wife or Husband	
Father's Name	Wm. Hiller	Father's Birthplace	Hed
Mother's Maiden Name	- Zeigler	Mother's Birthplace	Hed
Name of person giving information	J. L. Loc	How related to deceased	Housewife

CAUSES OF DEATH

Primary

Spinal meningitis

How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

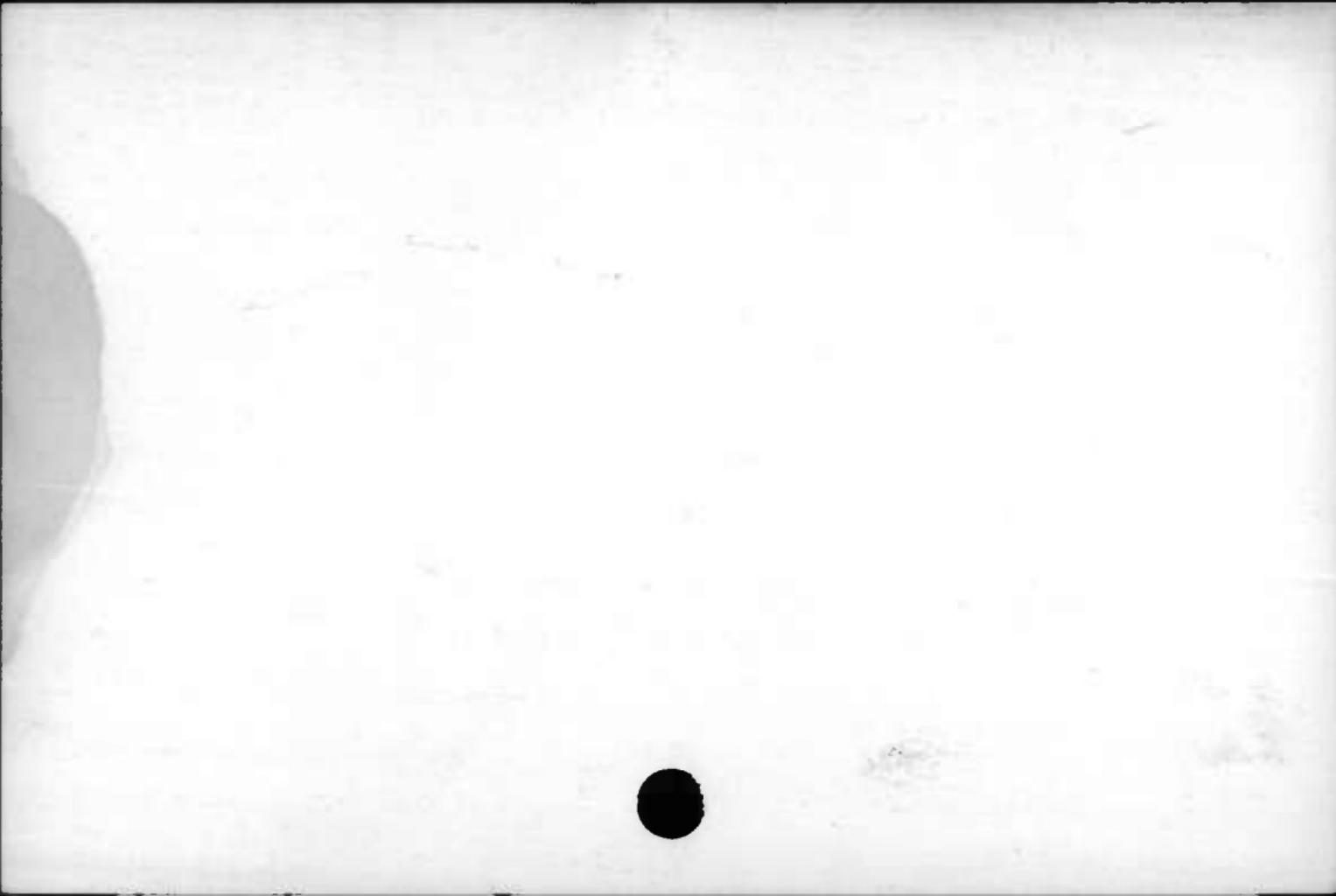
Signature of Physician

Address

J. L. Leaming  
Clinton

Accident or Suicide?

✓



Name  
in  
Full

Errett Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY

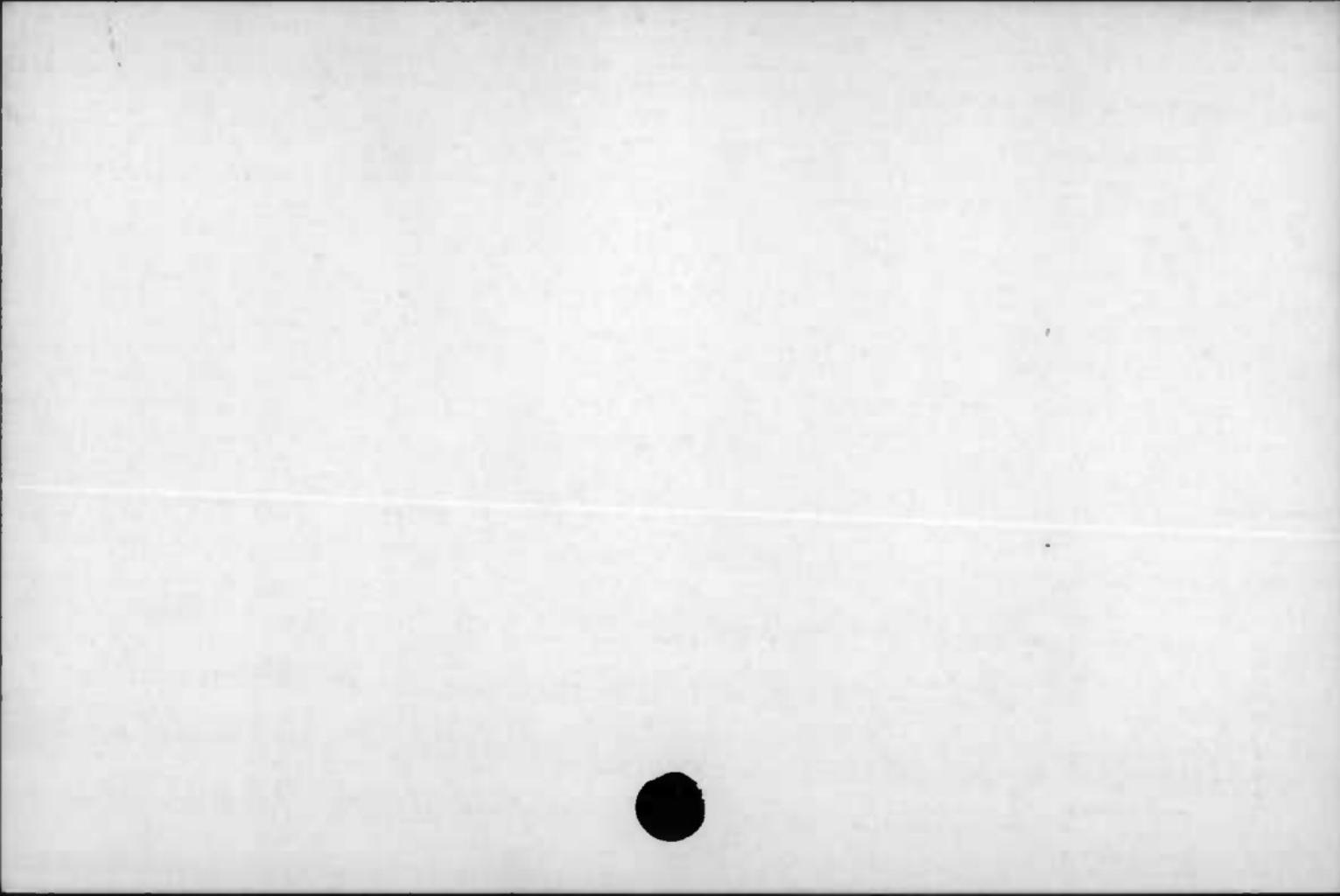
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James H. Parker			Father's Birthplace	D.C. "Dad
Mother's Maiden Name	Cook			Mother's Birthplace	D.C. "
Name of person giving information	James H. Parker			How related to deceased	Father,

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	colic - I think	How long	Don't know
Immediate	I did not see it.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	The Buffet
		Address	Upper Marlboro Md
Accident or Suicide?			



Name  
in  
Full

Sarah Catherine Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Marlboro</i>	County <i>P. Geo</i>	MARYLAND		
Date of death	Month <i>1905</i>	Day <i>7</i>	Years <i>24</i>	Age <i>19</i>	Months Days
Sex	<i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co.</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Thomas Parker</i>				
Mother's Maiden Name	<i>Sarah Wrices</i>				
Name of person giving information	<i>Thomas S Parker</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Typhoid fever*

How long

*3 months*

Immediate

*Rupture of intestine*

How long

*8 hours*

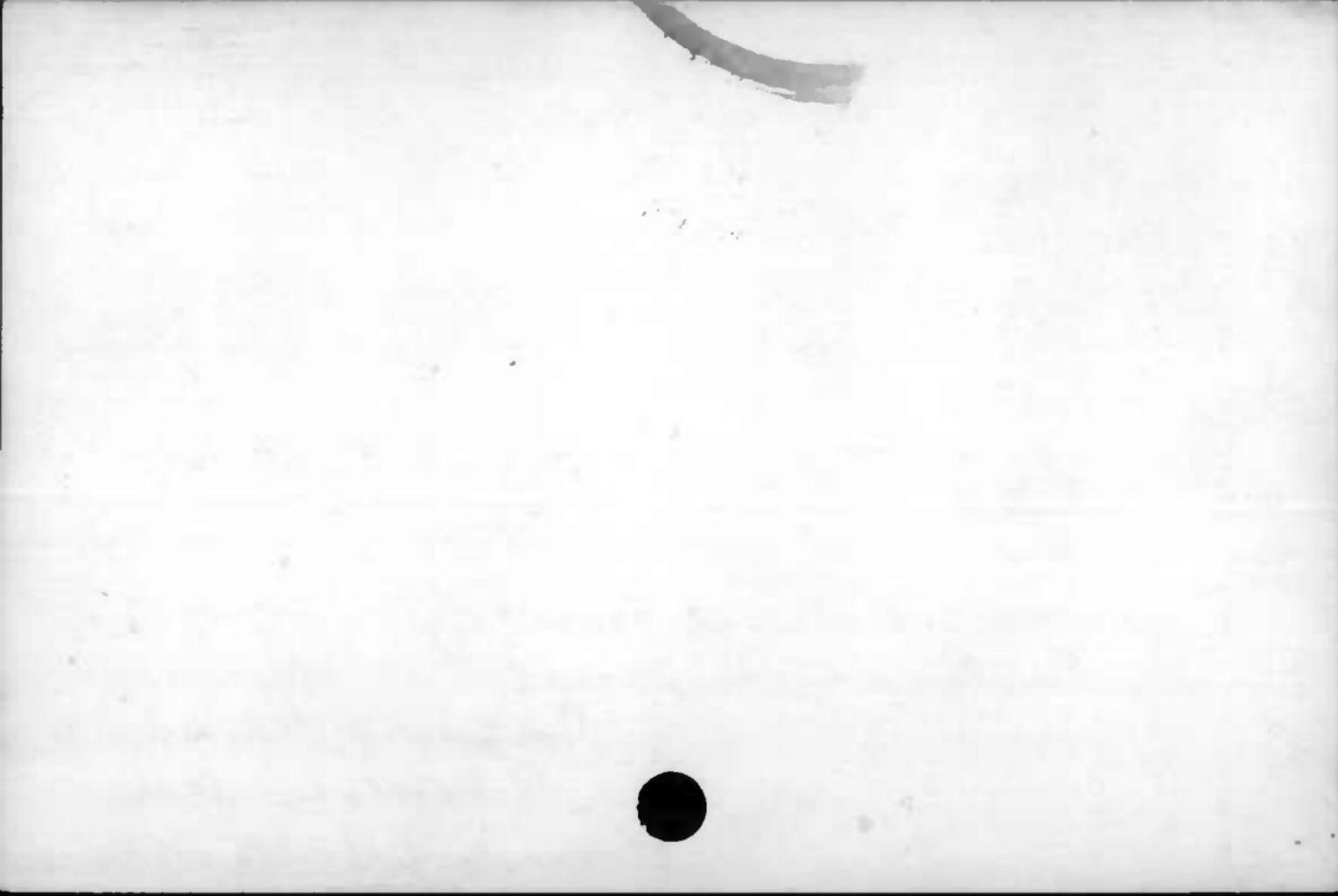
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Renady Sueses  
Upper Marlboro  
Md*



Name  
in  
Full

Ward E Perrigo

CERTIFICATE OF DEATH

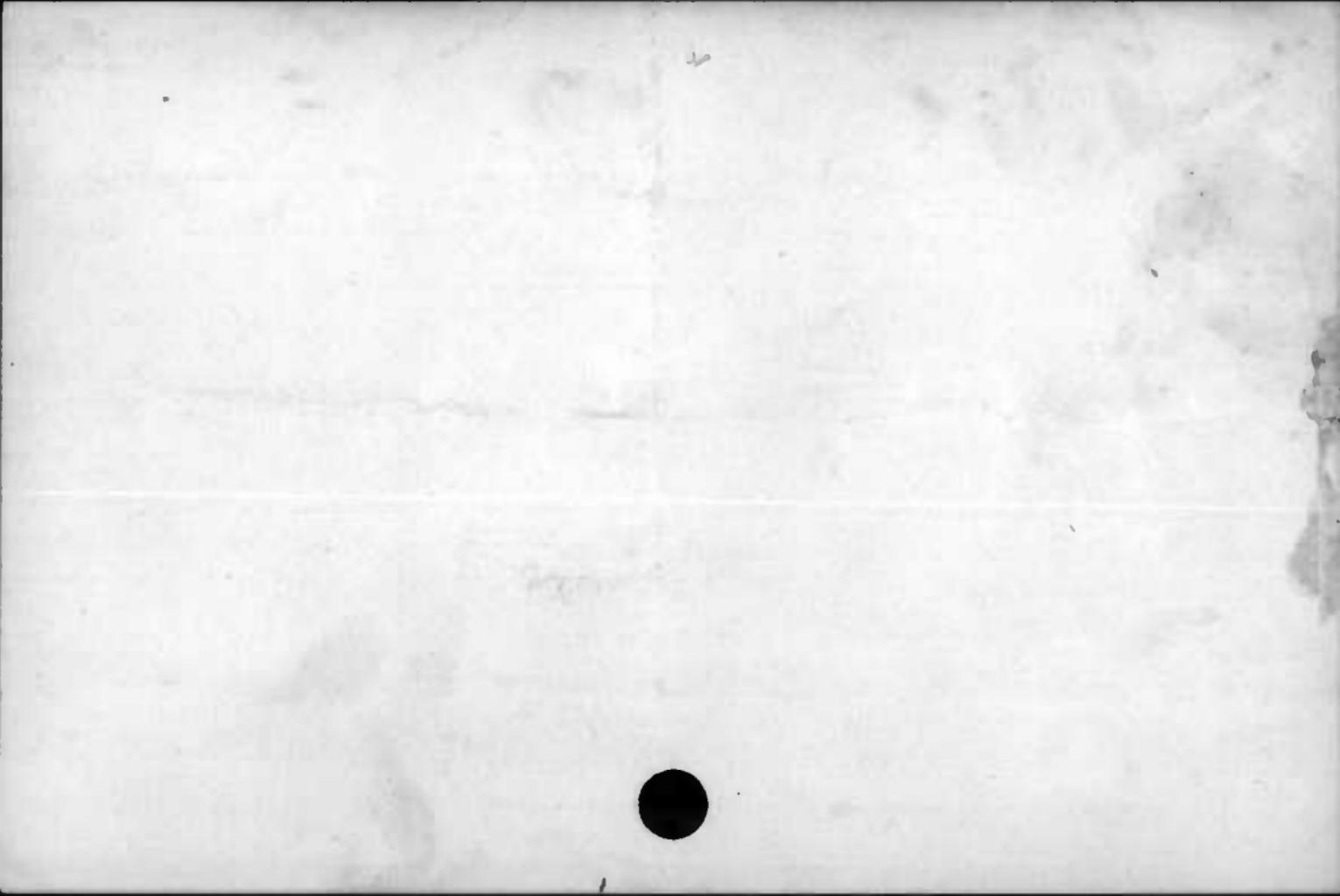
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Deys
Sex	Color or Race	Birth-place	Michigan
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Lucie S Folsom	
Father's Name	Lynn Co	Father's Birthplace	96 y
Mother's Maiden Name	Elida Fuller	Mother's Birthplace	98 y
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typho: Malaria Fever		How long
Immediate	Paralysis of the Heart		14 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Jossey N. Gardner M.D.	24 hours
		Address	Riversdale Md
Accident or Suicide?	Formerly of Balti Md.		



Name  
in  
Full

John Francis Pinkney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Foestville	DE	MARYLAND
Date of death	Month	Day	Years
of death 1905	7	24	—
Sex	Male	Color or Race	Black
Occupation	none	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	Bryan Pinkney	Father's Birthplace	MD
Mother's Maiden Name	Carrie Henson	Mother's Birthplace	MD
Name of person giving information	Frank Pinkney	How related to deceased	Grand-father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mal Nutrition	How long
	Immediate	(initials)	Since birth
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	No Physician in attendance
		Address	Johhie Samsbury
Accident or Suicide?			Health Office



Name  
in  
Full

Thomas G. Proctor

CERTIFICATE OF DEATH

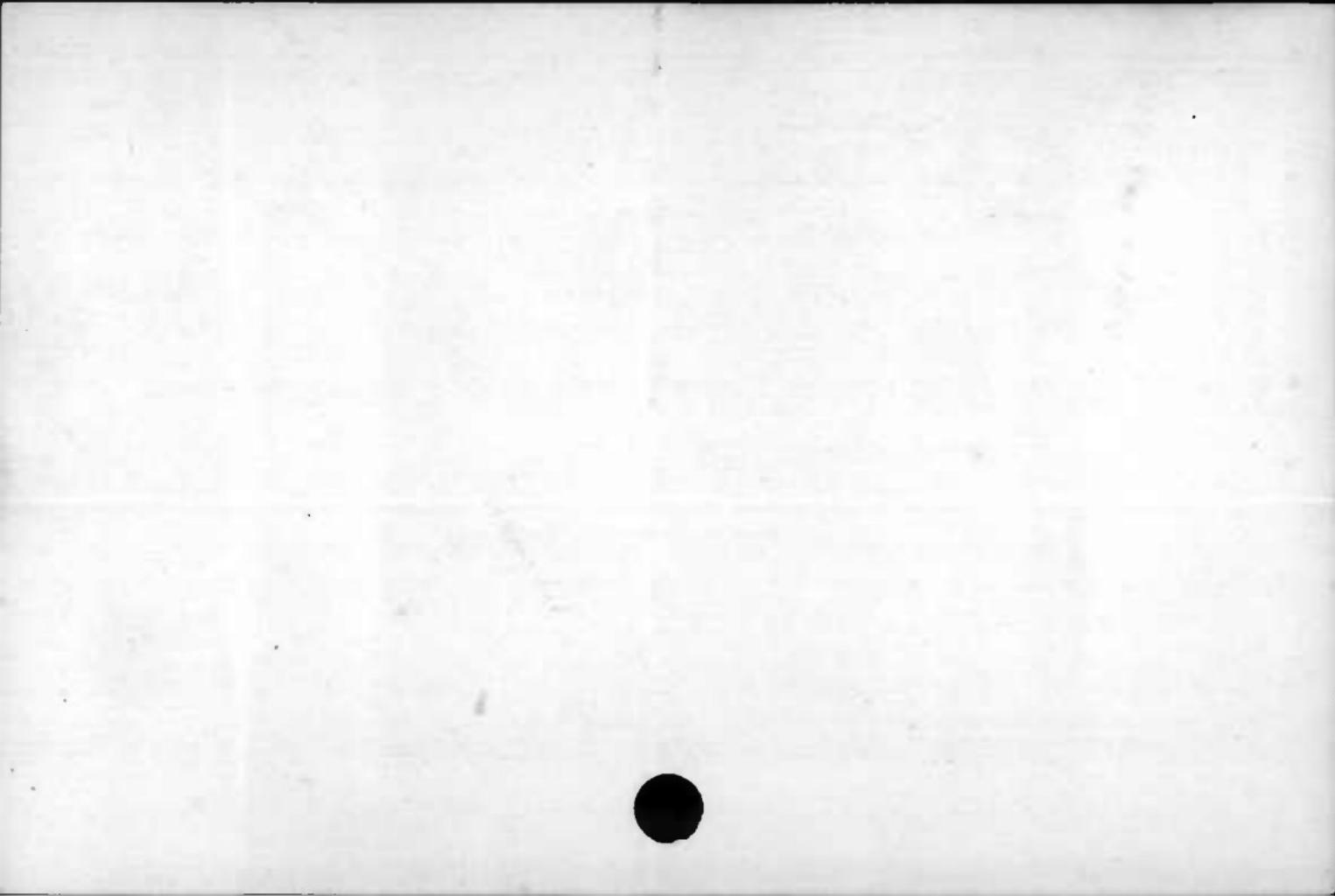
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Elizabeth Proctor		Mother's Birthplace		
Name of person giving information	Hal. Proctor		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid	(initials)	How long
Immediate	Coma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John A. Coe
		Address	73
Accident or Suicide?			Ind



Name  
in  
Full

Annie Randal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Bowie			County	Prince George						
Date of death	1905	Month	July	Day	20 <sup>th</sup>	Years	36	Months	4	Days	4
Sex	Female			Color or Race	Colored			Birth-place	Maryland		
Occupation	House Keeper			Where Residing if not at place of death	_____						
Married, Single or Widowed	Single			Name of Wife or Husband	_____						
Father's Name	Thomas Randal			Father's Birthplace	Maryland						
Mother's Maiden Name	Harriet Stewart			Mother's Birthplace	Maryland						
Name of person giving information	R. S. Randal			How related to deceased	Brother						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Nephritis &amp;

120

How long

5 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Nefra A Ryan and  
Bowie  
MD

Accident or Suicide?

No



Name  
in  
Full

Sarah Randall

CERTIFICATE OF DEATH

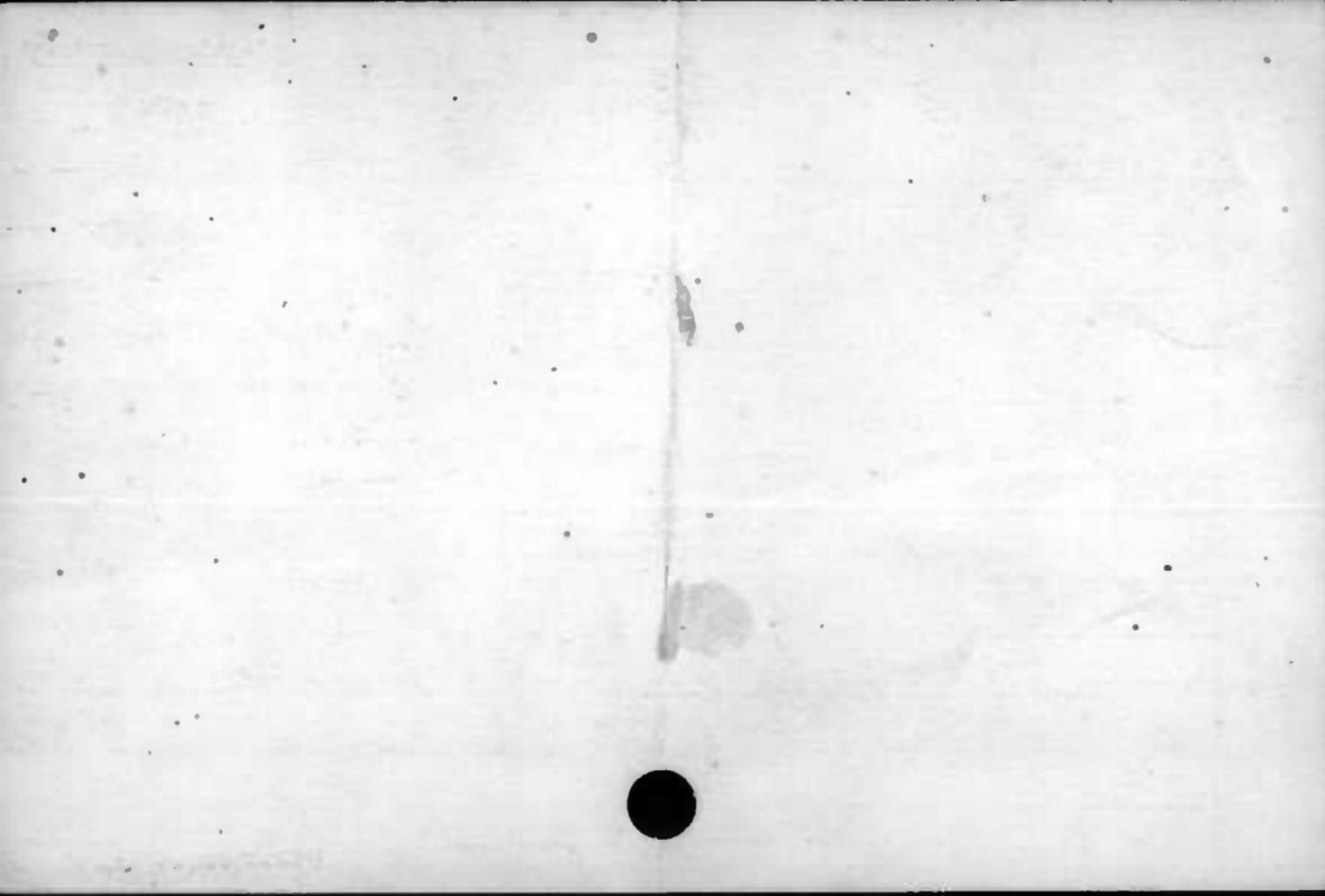
To BE ANSWERED BY  
NEAREST FRIEND

Town	Prince George			MARYLAND	
Died at	Berwyn	Month	July	Years	Days
Date of death	1905	Day	7	Age	25
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife Husband	George Randall	Father's Birthplace	Maryland
Father's Name	Benjamin Hicks			Mother's Birthplace	Maryland
Mother's Maiden Name	Annie B. Ray			How related to deceased	Husband
Name of person giving information	George Randall				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Puerperal Sepsis following her confinement by a colored midwife		How long	10 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. Etienne	
		Address	Berwyn, Md	
Accident or Suicide?				



Name  
in  
Full

Still Born

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	P. G. Co.	County	MARYLAND		
Date of death	1905	Month July	Day 5	Years	Months	Days
Sex	—	Color or Race	White	Birth-place	Forestville	
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Name	Md)	
Father's Name	George Rawlings	S	—	Mother's Maiden Name	Md.	
Mother's Maiden Name	Hettie Farrell.	—	—	Name of person giving information	Father	
CAUSES OF DEATH						
Primary	Still Born S	—	How long	—		
Immediate	—	—	How long	—		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

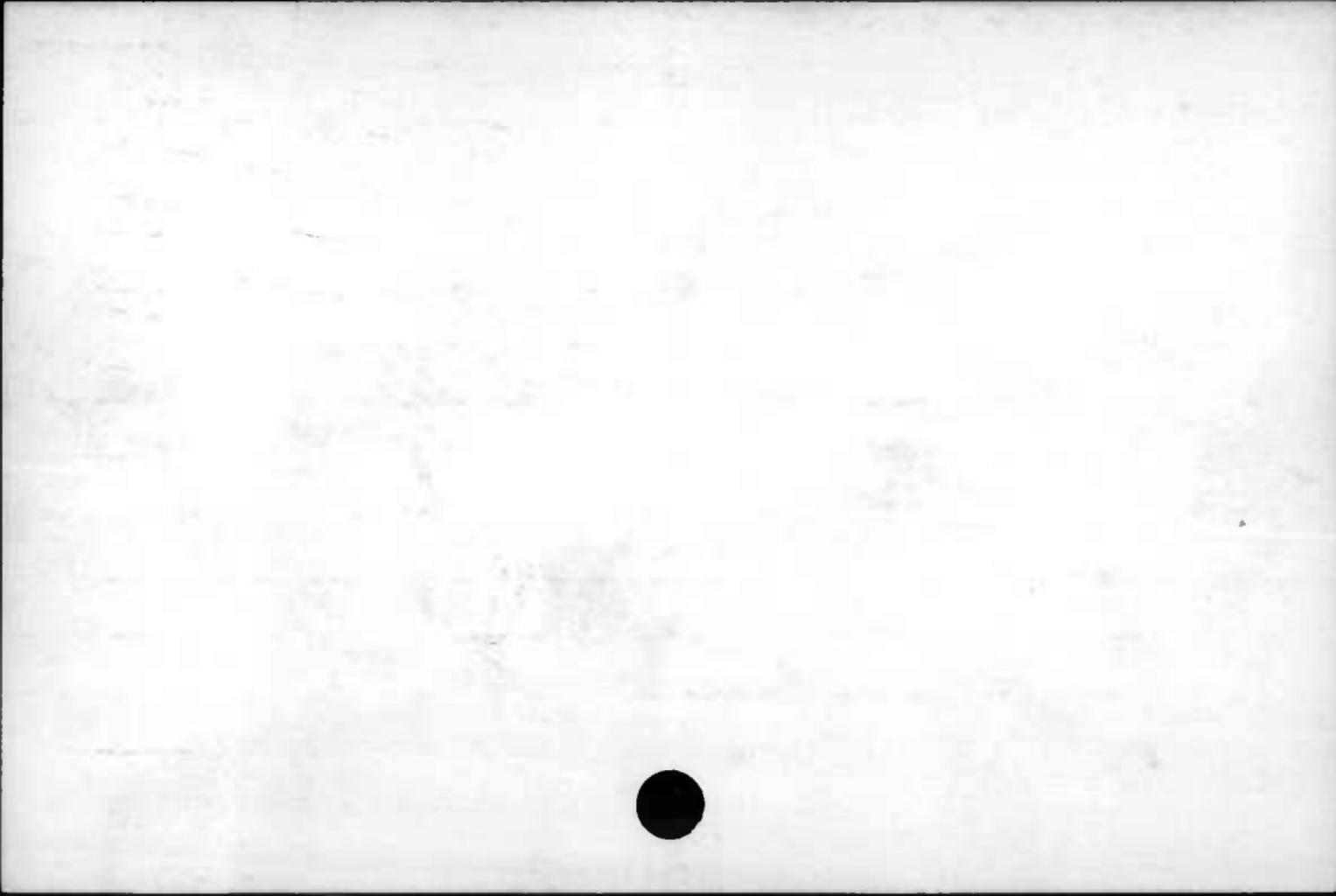
yes.

Signature of Physician

Address

John E. Sansbury M.D.  
Forestville Md.

Accident or Suicide?

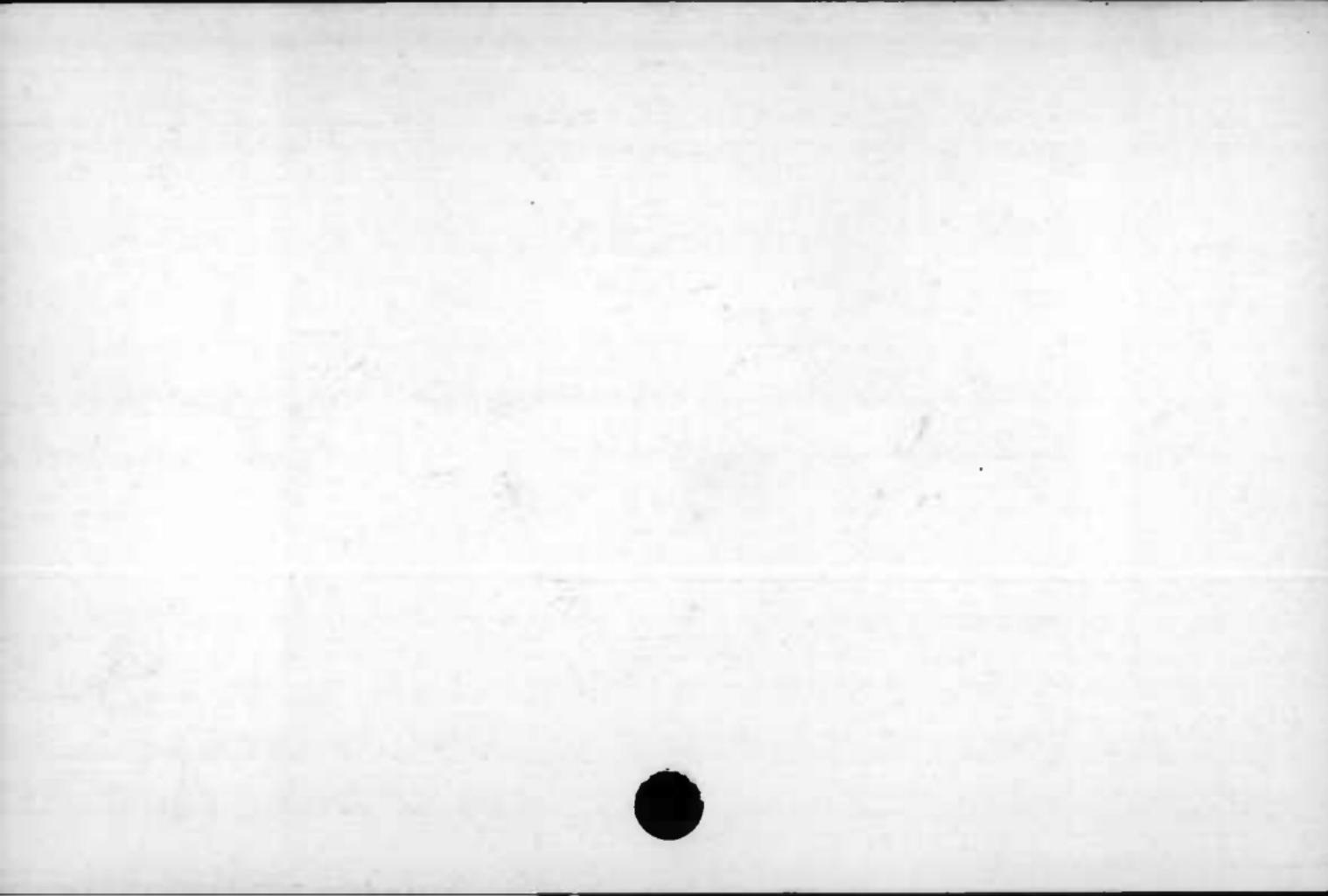


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

William Remond						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1905	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	74	3	-		
Occupation	—	Where Residing if not at place of death				—		
Married, Single or Widowed	—	Name of Wife or Husband	Joseph J. Remond					
Father's Name	Ella Kess		Piscataway Md		Father's Birthplace	Piscataway Md		
Mother's Maiden Name	J. J. Remond		Upper Marlboro Md		Mother's Birthplace	Upper Marlboro Md		
Name of person giving information	—		How related to deceased		Father			
CAUSES OF DEATH								
Primary	Gastritis.		W		How long		5 weeks	
Immediate	Draught		W		How long		—	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		E. D. Lent		
				Address		Piscataway Md		
Accident or Suicide?								



Name  
in  
Full

Addie L. Richardson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		
near Upper Marlboro		P.G.			
Date of death	Month	Day	Years	Munths	Days
1905	7	5	1	10	-
Sex	Color or Race		Birth-place		
Female	Black		P.G. Co.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		179		
Father's Name	John T. Richardson		P.G. Co.		
Mother's Maiden Name	Julia Marshall		P.G. Co.		
Name of person giving information	John T. Richardson		Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't Know

How long

Immediate

Don't Know

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

John T. X. Richardson  
father  
Upper Marlboro Md



Name  
in  
Full

Frank A. Robinson

CERTIFICATE OF DEATH

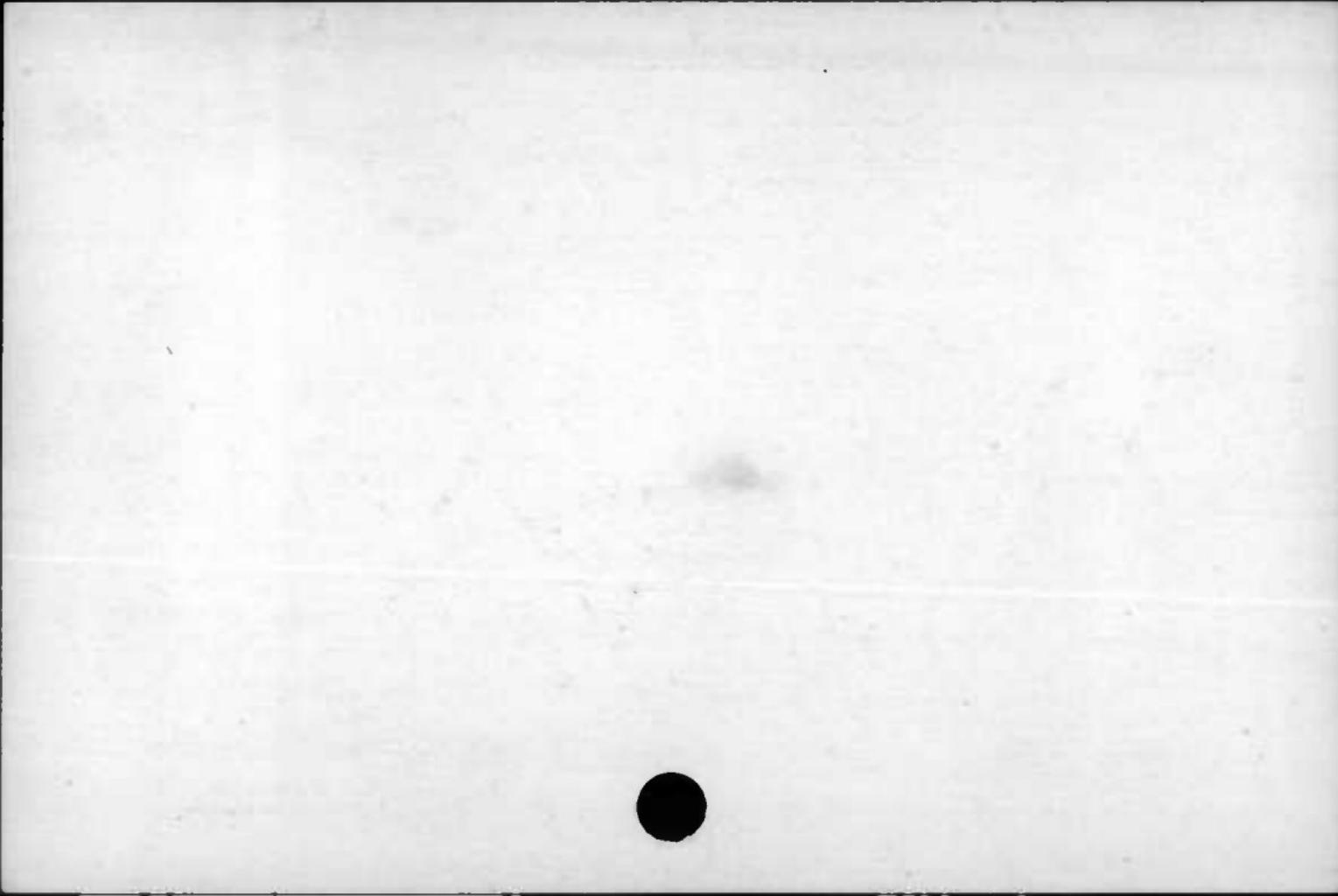
To BE ANSWERED BY  
NEAREST FRIEND

Died at	T.B.	Town	Pr. Gro	County	MARYLAND
Date of death	1905	Month	7	Day	15
Age	63	Years	about	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	farmer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md
Father's Name	Thos. W. Robinson			Mother's Birthplace	Md
Mother's Maiden Name	Elizabeth Richardson			How related to deceased	Nephew
Name of person giving information	Ernest Tabentson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Disease of stomach abcess causing exanthem		How long	2 years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John A. Gar	
		Address	T.B. Md	
Accident or Suicide?				



Name  
in  
Full

Emily Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
BowieCounty  
Prince George

MARYLAND

Date  
of death

1905

Month  
JulyDay  
20Years  
90

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

G. Ross

Father's  
Name

Dont Know

Father's  
Birthplace

Dont Know

Mother's  
Maiden Name

Dont Know

Mother's  
Birthplace

Dont Know

Name of person giving  
Information

Solomon Ross

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Old age.

184

How long

about 6 months

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

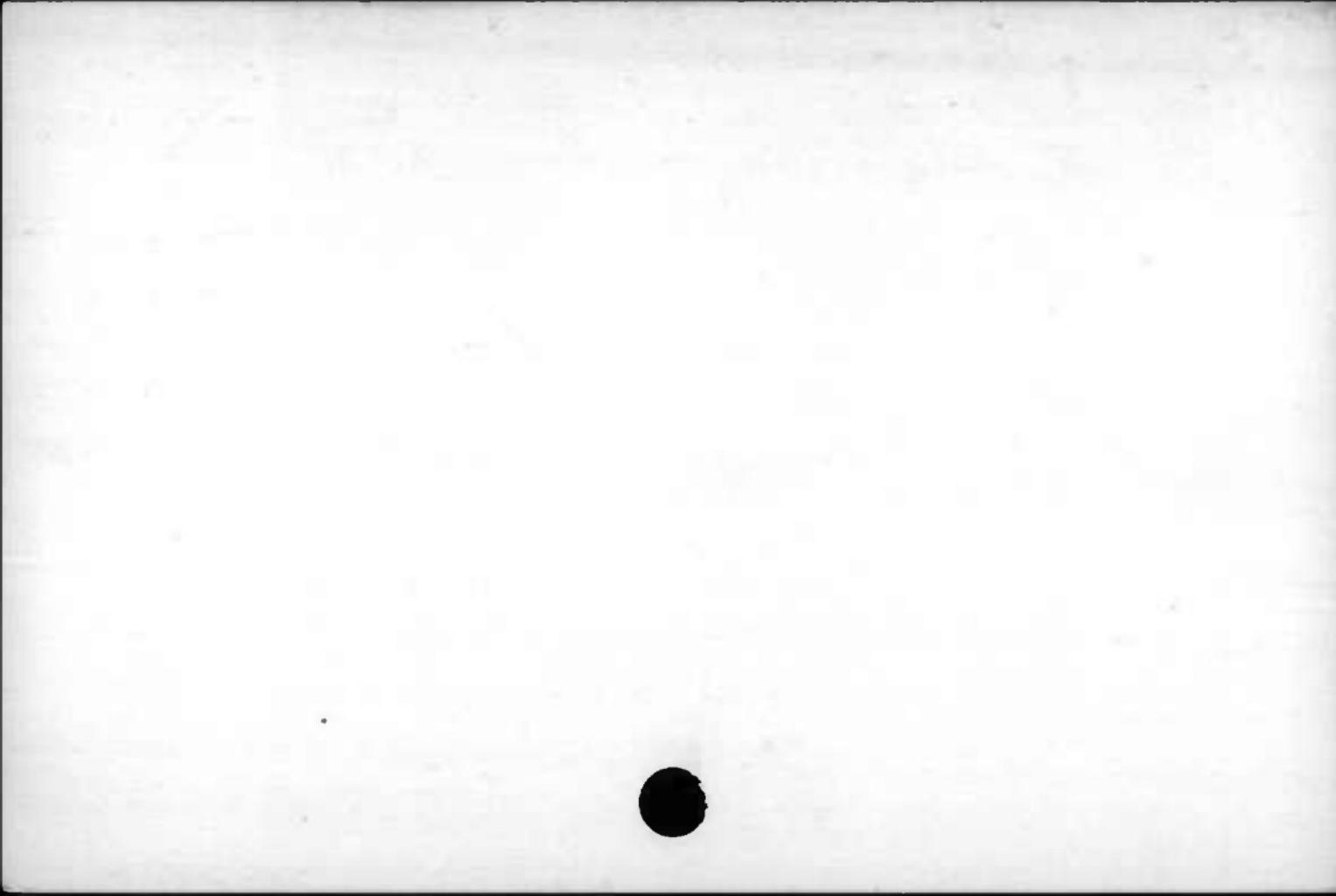
Signature of  
PhysicianNelson A. Ryerson M.D.  
Bowie

Address

Accident or Suicide?

No

3rd



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Edith D. Dugwich

Town

County

Died at Marebros

Baltimore

Date Died at 1905 Month July Day 6 Years 17 Months 6 Days

Sex Female Color or Race Black Birth-place Upper Marlboro

Occupation House keeper Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm F. Dugwich

Father's Birthplace

Mother's Maiden Name Green

Mother's Birthplace Baltimore

Name of person giving Information W F Dugwich

How related to deceased Father

CAUSES OF DEATH

Primary Lymphoid tissue

How long Suh

Immediate Thausion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

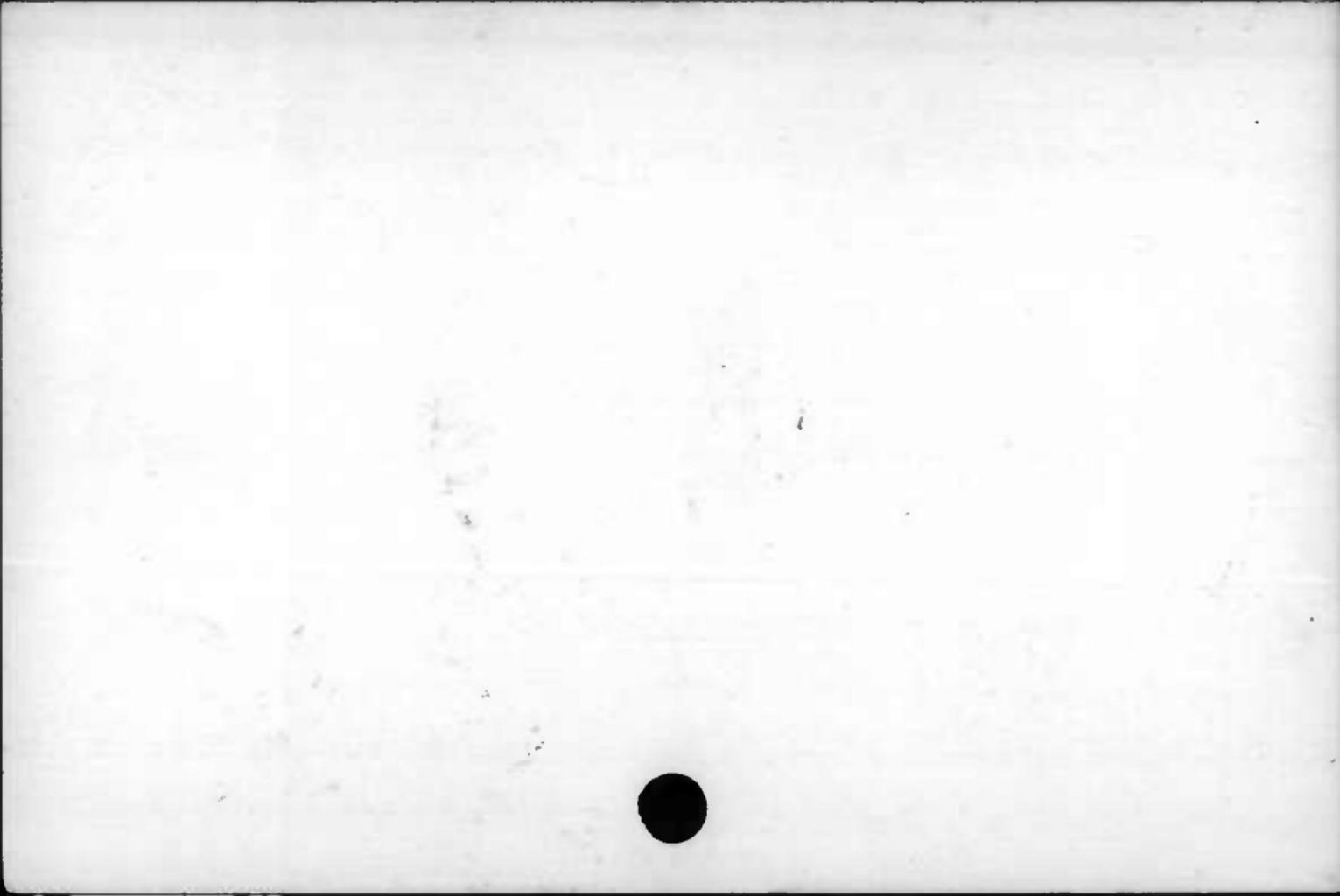
Address

Dr Griffith  
Upper Marlboro Md

Accident or Suicide?

CERTIFICATE OF DEATH

MARYLAND



Name  
in  
Full

Denny Seitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1905	Monthly	Day	Years	Months	Days
		July	First	Age 66	Four	26
Sex	Male	Color or Race	White	Birthplace Germany		
Occupation	Plasterer			Where Residing if not at place of death Bowie		
Married, Single or Widowed	Married	Name or Wife or Husband	Augusta			
Father's Name	Denny Seitz			Father's Birthplace	Germany	
Mother's Maiden Name	Augusta Heiland			Mother's Birthplace	"	
Name of person giving Information	L. A. Seitz			How related to deceased	Son	

CAUSES OF DEATH

Primary

Bright's Disease

How long

Immediate

Cerebral Hemorrhage

How long

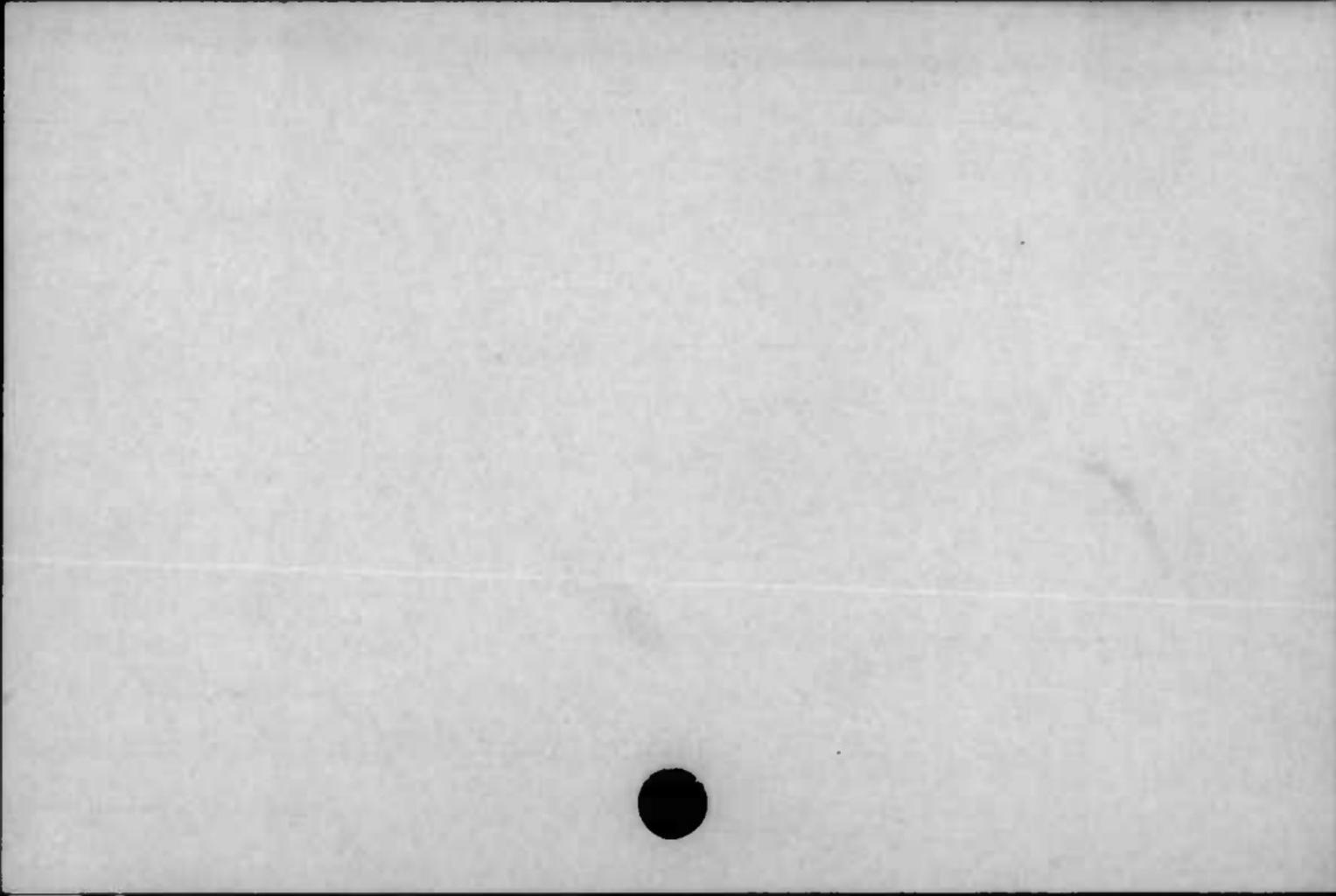
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. M. Carroll M.D.  
Springfield Med.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Simms

Died at Crown Sta

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days  
of death 1905 July 9

Age

Months

Days

Sex Male

Color or  
Race

Yellow

Birth-  
place

Crown Sta Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Rosie Simms

Mother's  
Birthplace

Name of person giving  
Information

Robert Simms

How related  
to deceased

not  
grandfather

CAUSES OF DEATH

Primary

Supposed Sunstroke Comp. faint

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

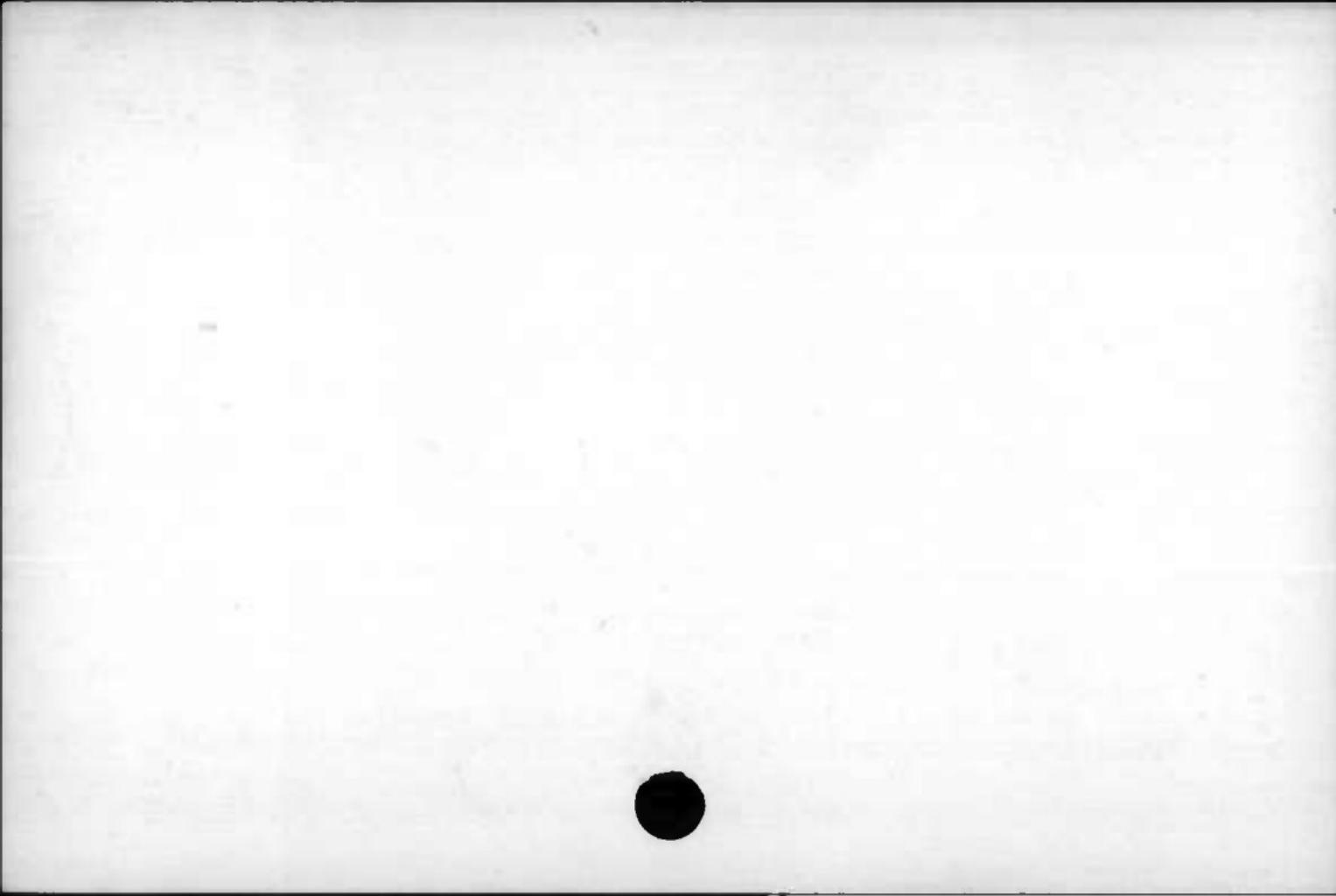
Signature of  
Physician

Address

Wm H. Adams

Prison Sta Md

Accident or Suicide?



Name  
in  
Full

Annie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Brentwood	Pt. Geo	Months	Days
Date of death	Month	Day	Years	
1904	July	28	Years	
Sex	Female	Color or Race	white	Birth-place
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Arthur Smith	Father's Birthplace	Washington D.C.	
Mother's Maiden Name	Maria	Mother's Birthplace	D.C.	
Name of person giving Information	J.C. Ohlendorf M.D.	How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	{ asphyxiation	157	How long
Immediate			How long

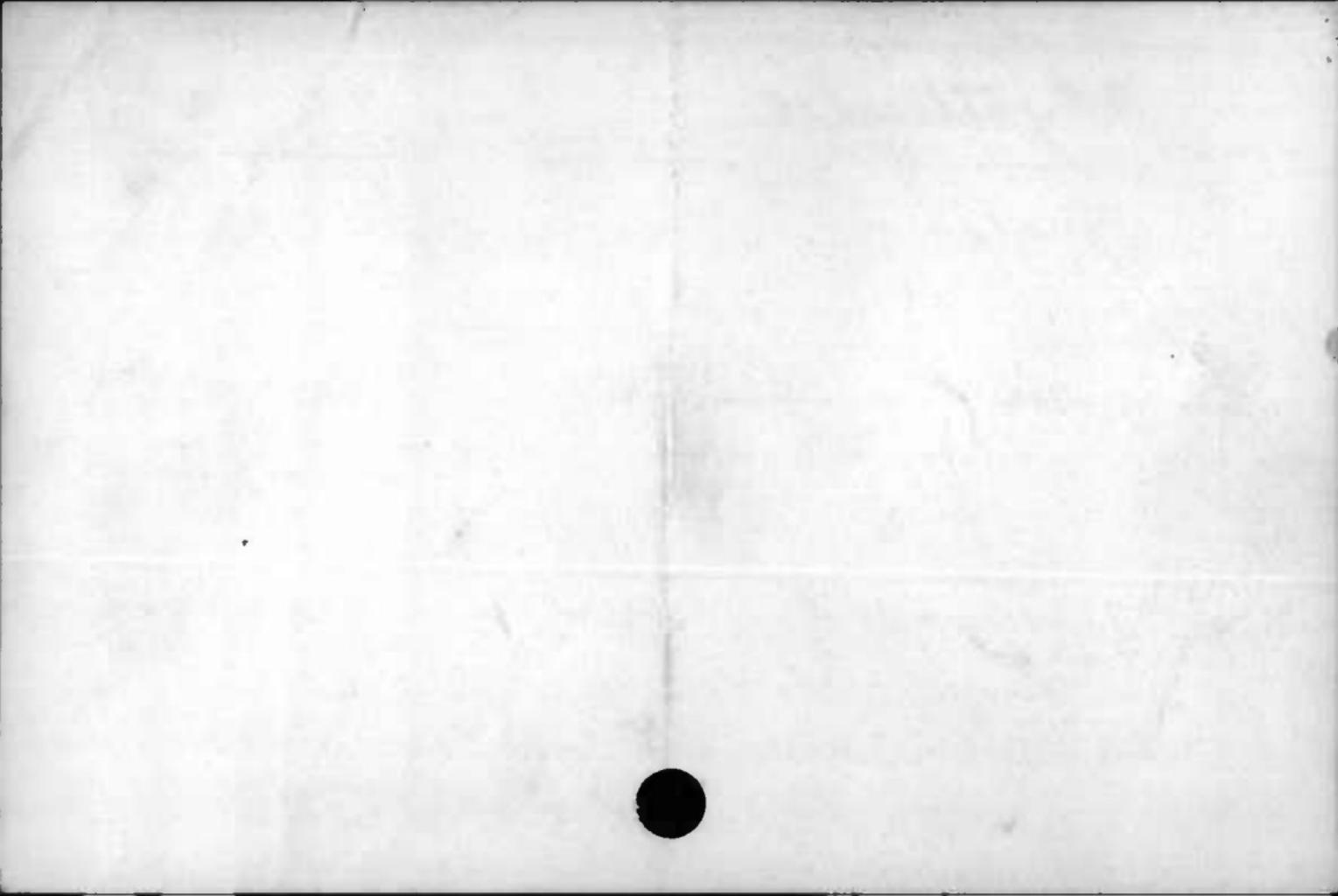
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.C. Ohlendorf M.D.  
Brentwood Md.

Accident or Suicide?



Name  
in  
Full

Wilton H Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	[Redacted]		County	Prince George	
Date of death	1906	Month July	Day 2	Years	—
Age			Months	3	Days —
Sex	Male	Color or Race	white	Birth-place	M. d.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Moses Smith				
Mother's Maiden Name	Clara Harvey				
Name of person giving Information	Moses Smith				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

EUTERO-COLITIS

How long

How long

Immediate

EXHAUSTION

Are the name, age, sex, color, date and place correctly given above?

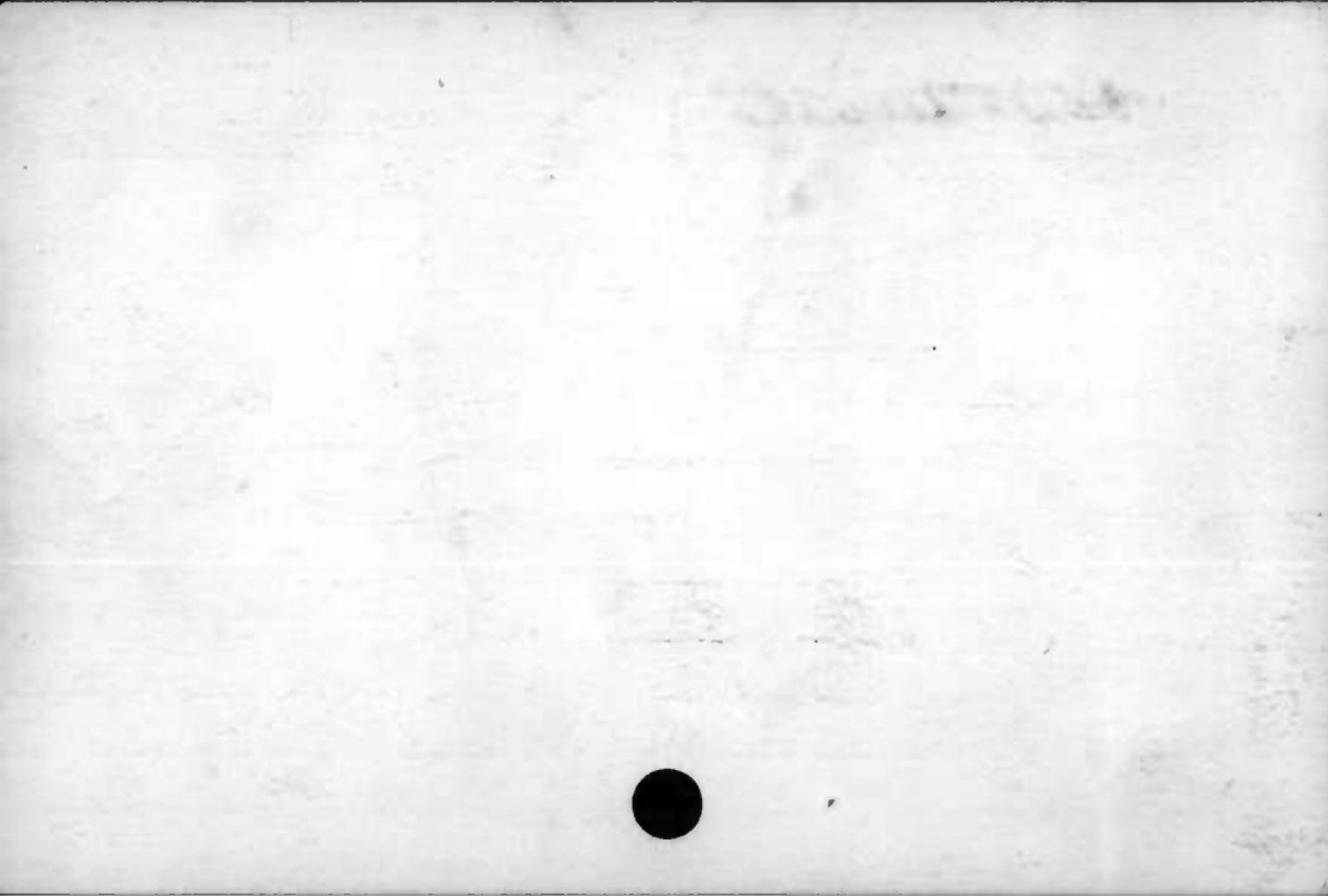
Yes.

Signature of Physician

Address

G. A. Richardson  
Bryandville Md.

Accident or Suicide?



Name  
in  
Full

Florence L. Toper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at C. Springs

Town P.G.  
County

MARYLAND

Date of death 1905

Month July

Day

Years

Months

Days

Age

5

8

Sex Female

Color or Race

White

Birth-place

Bethel

Married, Single  
Widowed

Occupation

None

Name of Wife or Husband

Thomas A. Toper

Father's Birthplace

Bethel

Father's Name

Thomas A. Toper

Father's Birthplace

Bethel

Mother's Maiden Name

Florence Toper

Mother's Birthplace

Bethel

Name of person giving information

Alice Toper

How related to deceased

Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

C. spinal meningitis

How long

5 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

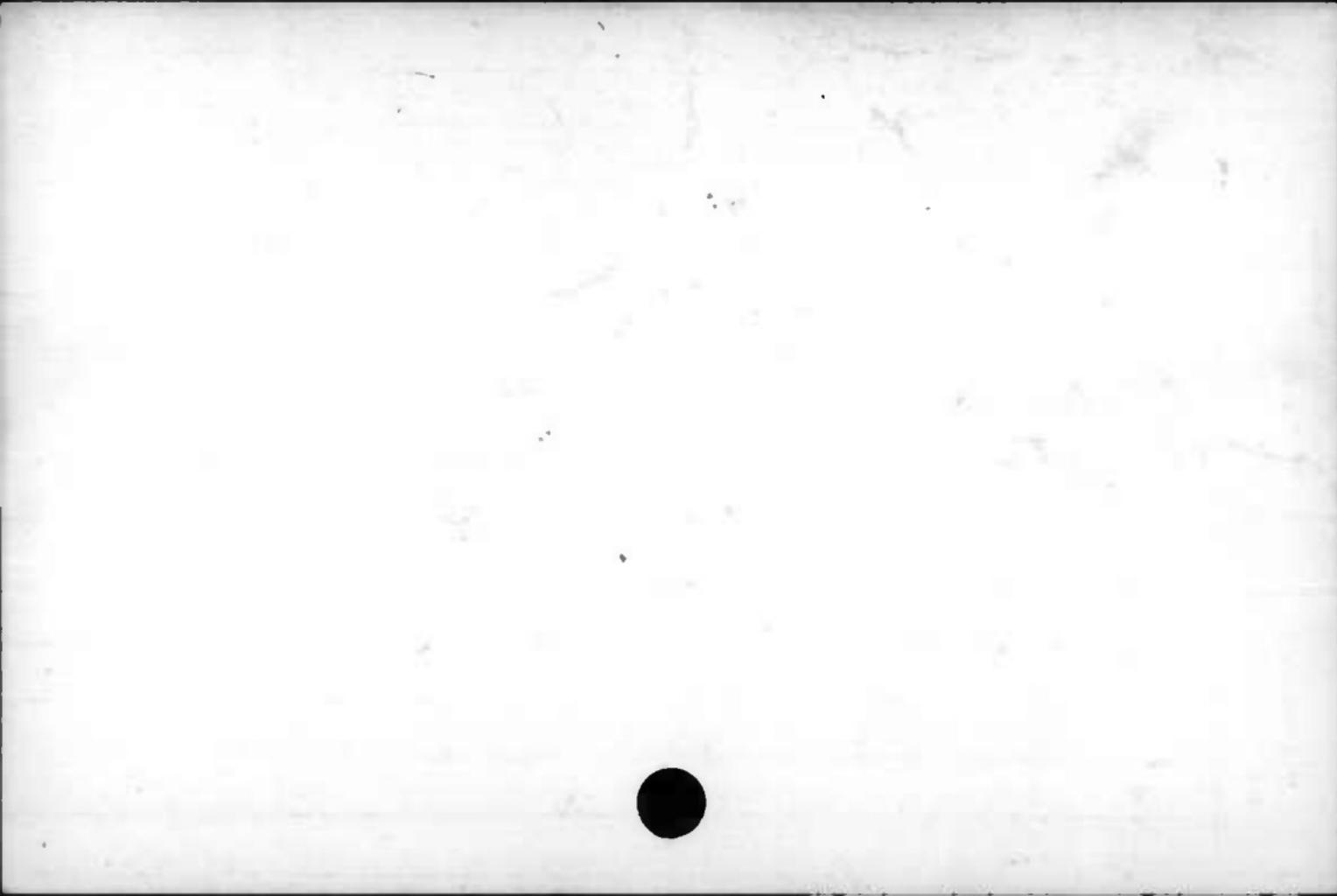
Yes

Signature of Physician

Address

J. L. Leavitt

Accident or Suicide?



Name  
in  
Full

Lizzie Spriggs

CERTIFICATE OF DEATH

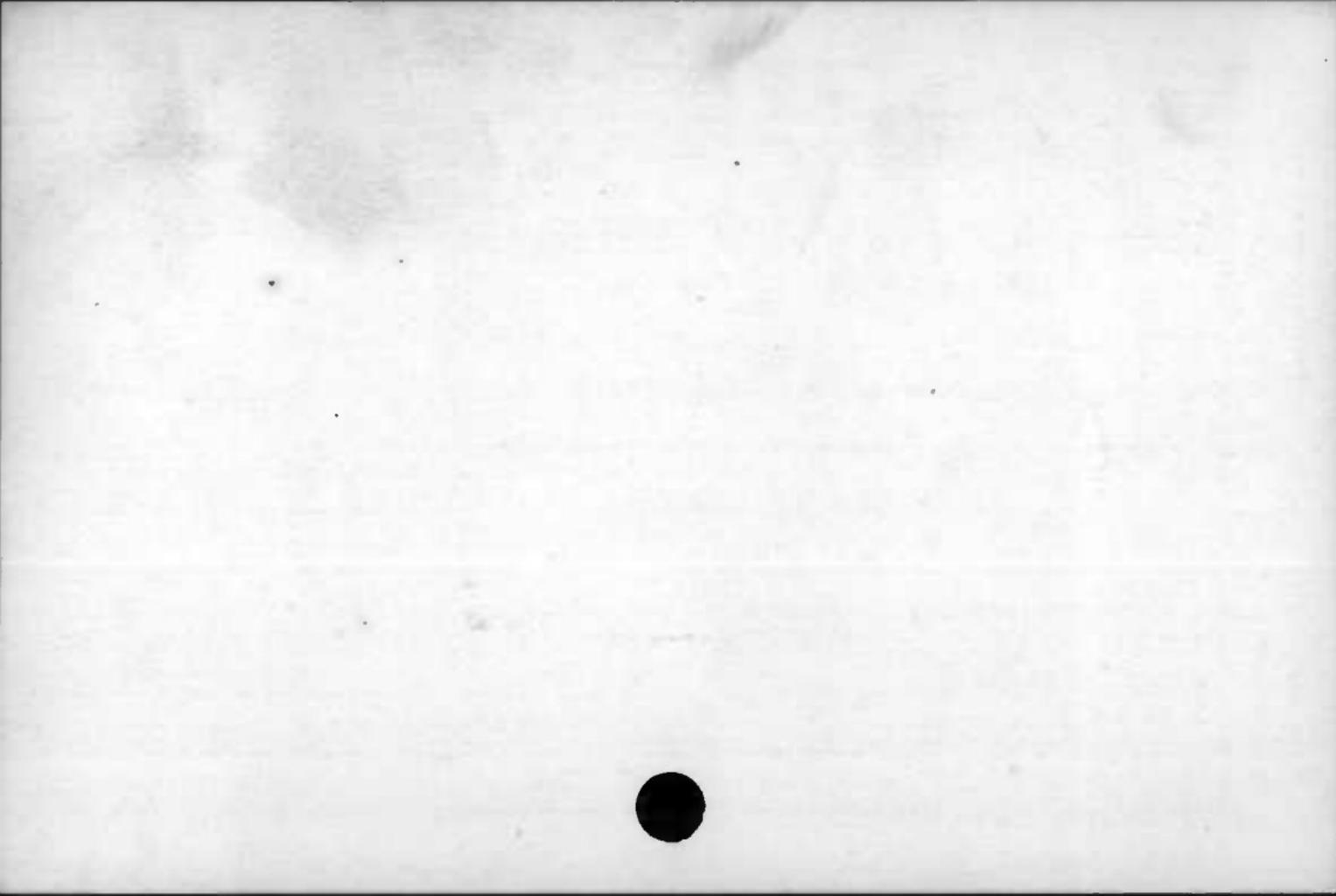
To BE ANSWERED BY  
NEAREST FRIEND

Town	Pr. Geo., County			MARYLAND	
Died at Westphalia	Month July	Day 3	Years —	Months —	Days —
Date of death 1905	Age —	Color or Race Black	Birth-place —		
Sex Female	Occupation Dairymaid	Where Residing if not at place of death —			
Married, Single or Widowed married	Name of Wife or Husband Harry Spriggs Jr.	Father's Name Cleo Herbert	Father's Birthplace —		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	Gabriel Duggins	How related to deceased none			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ventricular disease of heart	How long	Dairymaid
Immediate	Dairymaid	How long	Dairymaid
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. A. Griffith
		Address	Marlboro and West River - Bushes ago
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

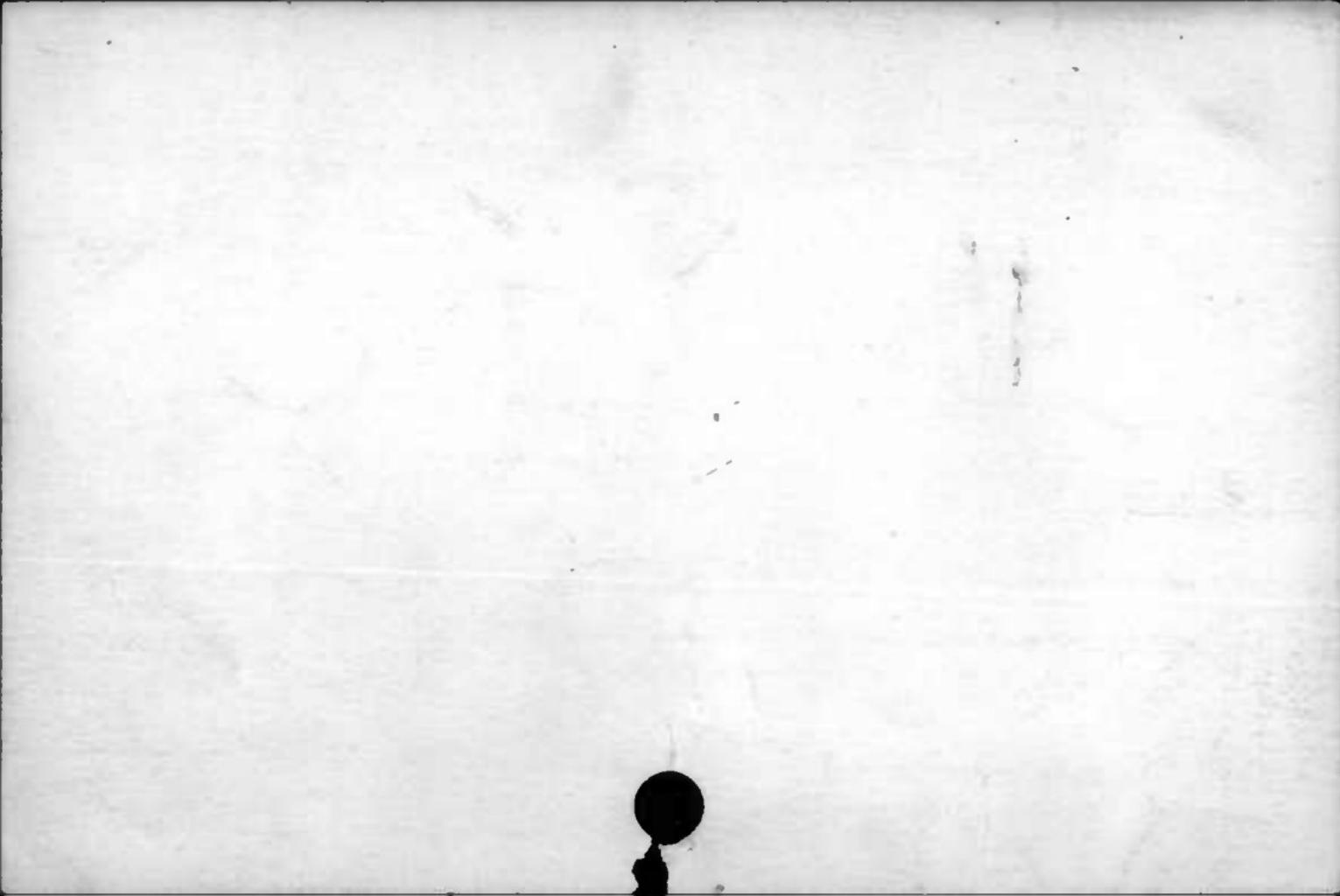
Matthew Tierney

CERTIFICATE OF DEATH

Died at	Town	County	Geo.	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	46	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Annie Howell			Father's Birthplace
Mother's Maiden Name	Matthew Tierney			Ireland
Name of person giving information	Bridgett Cullane			Mother's Birthplace
	Annie Howell			How related to deceased

CAUSES OF DEATH

Primary	Mitral Insufficiency	How long	Several years
Immediate	Apoplexy	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D L Party
		Address	Hyattsville MD
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Joseph Tilden				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	7		5	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Joseph Tilden			Father's Birthplace	Germany		
Mother's Maiden Name	Anna Stein			Mother's Birthplace	"		
Name of person giving information	Joseph Tilden			How related to deceased	Father		
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary	Cholera dysenteric		
Immediate	Toxemia		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes		O.P. Simpson M.D.	24 hrs
		Address	-
Accident or Suicide?		Roecroft Md.	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Tolson

CERTIFICATE OF DEATH

Died at <u>near Upper Marlboro</u>		Town	<u>P. G.</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>7</u>	Day <u>26</u>	Age <u>—</u>	Years	Months <u>—</u> Days <u>1</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>		Birth-place	<u>P. G. Co</u>
Occupation	(underline)		Where Residing if not at place of death		(underline)	
Married, Single or Widowed	(underline)		Name of Wife or Husband		(underline)	
Father's Name	(underline)		Father's Birthplace		(underline)	
Mother's Maiden Name	<u>Alberta Tolson</u>		Mother's Birthplace		<u>P. G. Co</u>	
Name of person giving information	<u>Gassaway Tolson</u>		How related to deceased		<u>Grandfather</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't Know



How long —

Immediate

" "

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Gassaway <sup>live</sup> J. Tolson  
Upper Marlboro <sup>work</sup> Md

Accident or Suicide?



Name  
in  
Full

Silvester Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1905	July	23	Age 1
Months	2	Days	
Sex	Male	Color or Race	Colored
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James Turner		
Mother's Maiden Name	Eda Douglas		
Name of person giving information	James Turner		
Father's Birthplace	N. Carolina		
Mother's Birthplace	Maryland		
How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infestation

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

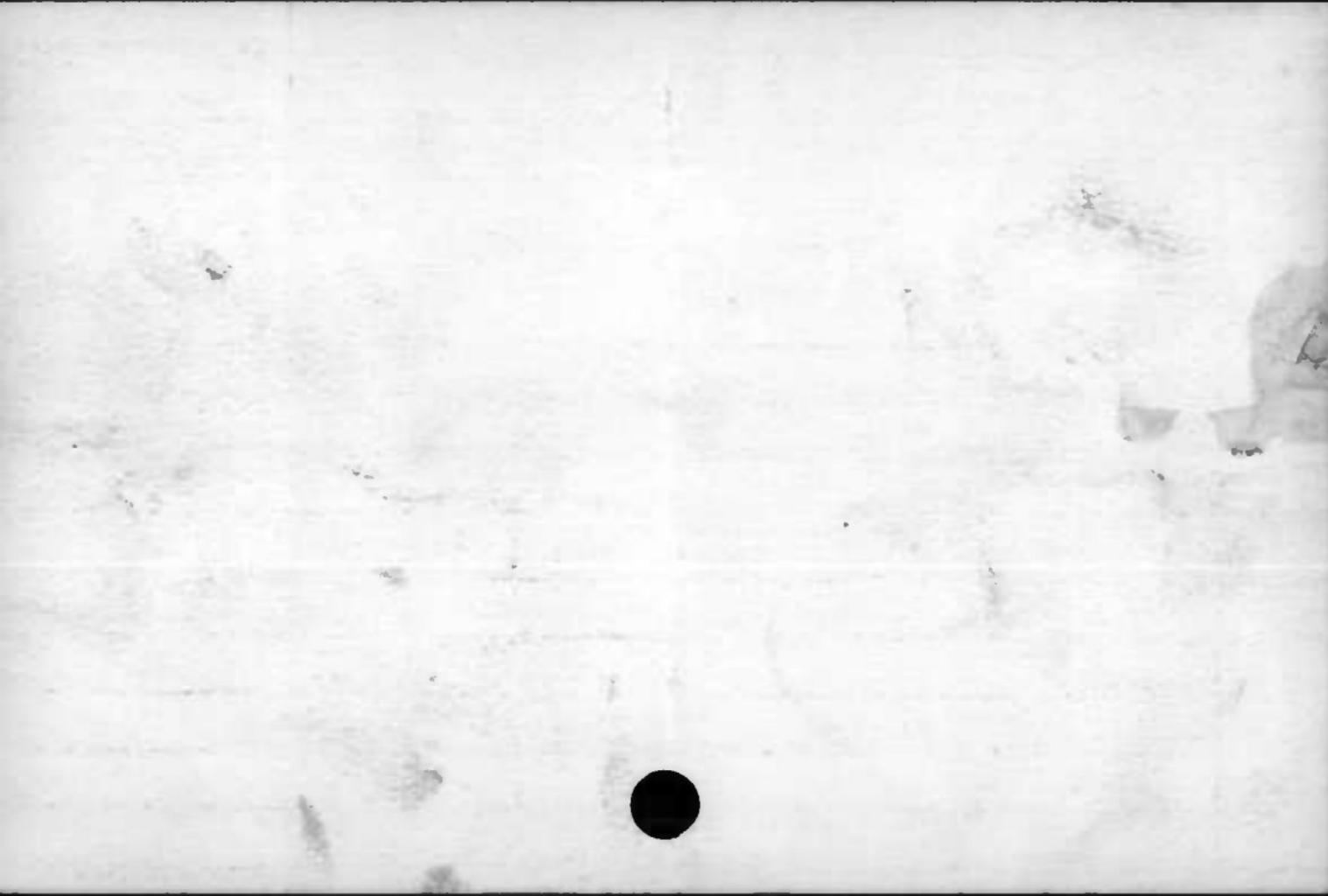
Signature of Physician

O. H. Steen

Address

Berwyn Rd.  
John J. Birch, Coroner

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bessie Tyler

Town  
Silver Hill

County  
P. es

CERTIFICATE OF DEATH

MARYLAND

Died at Silver Hill      Town P. es      County

Date of death 1905 Month 7 Day 27 Age — Years — Months — Days 11

Sex Female

Color or Race

White

Birth-place

Silver Hill

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

George Tyler

Father's  
Birthplace

Wash. D. C.

Mother's  
Maiden Name

Eva Clage

Mother's  
Birthplace

MD

Name of person giving  
Information

George Tyler

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Mal Nutrition

How long

Since birth

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

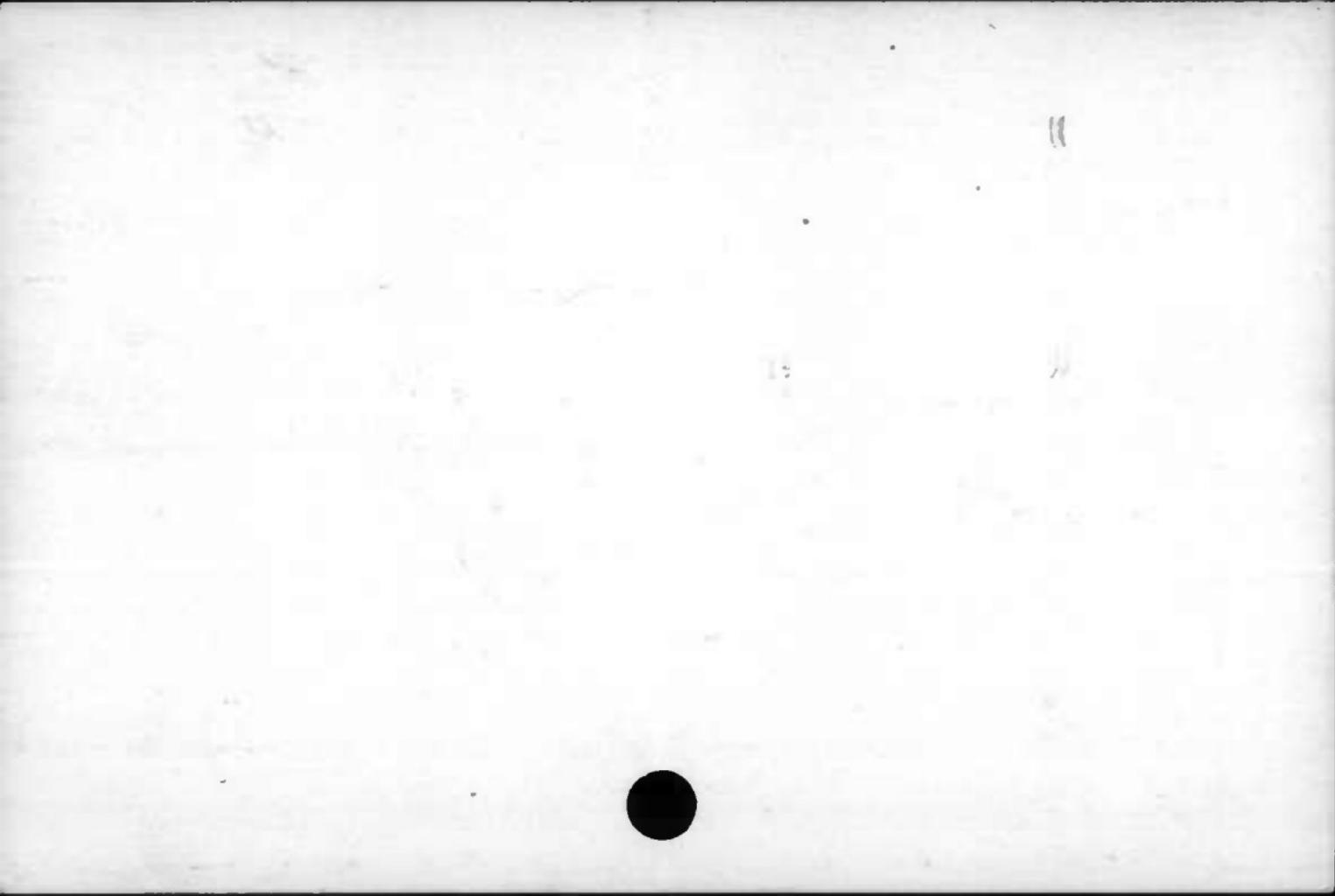
Signature of  
Physician

Address

None in attendance

John E. Salisbury, M. D.  
Frontville, Md.

Accident or Suicide?



Name  
in  
Full

Charles Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Upper Marlboro</u>		Town	County <u>B. G.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>20</u>	Age <u>+</u>	Years <u>+</u>	Months <u>4</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>B. G. Co</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>William Wilson</u>					
Mother's Maiden Name	<u>Elizabeth Hood</u>					
Name of person giving information	<u>William Wilson</u>					
	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't Know

How long

10

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

William Wilson

Address

Upper Marlboro Md

Accident or Suicide?

